

# EXHIBIT 9

**In The Matter Of:**  
*BRENNER vs.*  
*MEnD CORRECTIONAL CARE, et al.*

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*TODD LEONARD*  
*July 8, 2020*

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*Herbert L. Peterson & Associates*  
*11900 Wayzata Boulevard*  
*Suite 116 D*  
*Minnetonka, Minnesota 55305*  
*952-543-6910*



Original File Leonard Todd 07-08-20.txt  
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1	UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA		
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3	Dawn Brenner and Kathleen Brenner, as co-trustees for the heirs and next of kin of Dylan Brenner,		
4	Plaintiffs, Court File No. -vs- 18-cv-02383 (NEB/ECW)		
5	Danielle Sue Asfeld, in her individual capacity, Amanda Nowell, in her individual capacity, Christina Leonard, in her individual capacity, Janell Hussain, in her individual capacity, Todd Leonard, in his individual and official capacities, Rebecca Lucar, in her individual capacity, Denny Russel, in his individual capacity, Wes Graves, in his individual capacity, James Rourke, in his individual capacity, MEnD Correctional Care, PLLC, and Sherburne County,	10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	58 140 142 147 150 179 * * * 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
6	Defendants.		
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8	DEPOSITION OF TODD LEONARD, taken at the offices of Larson King, 30 East Seventh Street, Suite 2800, St. Paul, Minnesota, taken on the 8th day of July, 2020, commencing at approximately 10:05 a.m., before Stacy Ann Hutchinson, a Notary Public in and for the County of Hennepin, State of Minnesota, taken pursuant to the Rules of Civil Procedure.	15 16 17 18 19 20 21 22 23 24 25	
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1	APPEARANCES:		
2	JEFFREY S. STORMS, Esq., of the firm of Newmark Storms Dworak Law Office, 100 South Fifth Street, Suite 2100, Minneapolis, Minnesota, appearing in behalf of the Plaintiffs; and,	1 2 3 4 5 6 7 8 9	(Exhibit Number 103 was marked for identification.)
10	STEPHANIE A. ANGOLKAR, Esq., of the firm of Iverson Reuvers Condon, 9321 Ensign Avenue South, Bloomington, Minnesota, appearing in behalf of the Defendants; and,	10 11 12 13	TODD LEONARD, was called as a witness and, being first duly sworn, was examined and testified as follows:
11	ANTHONY J. NOVAK, Esq., of the firm of Larson King, 30 East Seventh Street, Suite 2800, St. Paul, Minnesota, appearing in behalf of the Defendants; and,	14 15 16 17	<b>EXAMINATION</b>
12	JEFFREY M. MONTPETIT, Esq., of the firm of Sieben Carey, 901 Marquette Avenue, Suite 500, Minneapolis, Minnesota, appearing in behalf of the Plaintiffs.	18 19 20 21 22	<b>BY MR. STORMS:</b>
13	* * *		Q. Would you please state and spell your complete name for the record, sir?
14	EXAMINATION FURTHER EXAMINATION		A. Yeah. Todd Arthur Leonard, T-O-D-D, A-R-T-H-U-R, L-E-O-N-A-R-D.
15	Mr. Storms 4		Q. And how old are you, sir?
16	* * *		A. I'm 51.
17	EXHIBITS		Q. And I've seen that you've given several depositions before?
18			A. I've given a few.
19			Q. You've given several to Robert Bennett in other matters related to suicides?
20			A. I've given a few to Robert Bennett, I don't know the total number.
21			Q. You've given one on the Baxter/Newton case?
22			A. Correct.
23	Description Number Marked		Q. And you gave one on the Lynas case?
24	Deposition Notice 103 4		A. Correct.
25	Manual Title Page 104 36		Q. And in each of those deposition transcripts

1        did you take the opportunity to review and 2        make corrections?  3 <b>A. I believe so. Whatever the process is, 4        that's what I would have done.</b>  5   Q. And you gave truthful testimony each of those 6        times?  7 <b>A. Correct.</b>  8   Q. And you understand that you've been deposed 9        in those instances in your individual 10      capacity?  11 <b>A. Again, I'm not an attorney but I believe so.</b> 12   Q. Do you understand that you are testifying 13        today in the capacity of a 30(b)(6) witness?  14 <b>A. I understand that term, I don't fully 15        understand all the details of that, but I 16        understand the general meaning.</b>  17   Q. Have you ever given testimony as a 30(b)(6) 18        witness before?  19 <b>A. One time.</b>  20   Q. Do you recall what case that was on?  21 <b>A. I believe that was the Lynas case.</b>  22   Q. And as in this case and the Lynas case you 23        received the deposition notice with numerous 24        topics for you to provide testimony on?  25 <b>A. Correct.</b>	Page 5	Page 7  1 <b>of pages of documents and such.</b> 2   Q. And in preparing for today's deposition we'll 3        talk about what particular documents you 4        reviewed, but did you have conversations with 5        anyone to prepare for today's deposition?  6 <b>A. I've had conversations with attorneys, I've 7        gathered information from some of my staff 8        who would run reports for me or things of 9        that nature.</b>  10   Q. Which attorneys did you meet with?  11 <b>A. I met personally with Tony Novak and I've had 12        telephone conversations with Tony Novak and 13        Carrie Nearing.</b>  14   Q. No other attorneys in preparation for this 15        deposition?  16 <b>A. No.</b>  17   Q. Did you talk to any insurance adjustors in 18        preparation for today's deposition?  19 <b>A. Not in preparation for this deposition.</b>  20   Q. Have you spoke with an insurance adjustor 21        about this case?  22 <b>A. Simply just to inform them that this case is 23        active and just operational things.</b>  24   Q. How often do you have contact with the 25        insurance adjustor?	Page 6	Page 8  1   Q. You understand that you've been provided with 2        a notice in this case to provide testimony 3        regarding topics?  4 <b>A. Correct.</b>  5   Q. And I'm going to hand you what's been marked 6        as Exhibit 103.  7 <b>A. Okay.</b>  8   Q. This is the Second Amended Rule 30(b)(6) 9        Notice. I'll represent to you that the only 10        difference is the change in date.  11 <b>A. Okay.</b>  12   Q. If you could take a chance to review just to 13        confirm these are the topics you prepared to 14        provide testimony on today?  15 <b>A. As long as they have not changed, that is 16        true. This appears to be the same that I've 17        seen before.</b>  18   Q. And you understand that you have been noticed 19        to provide an individual deposition in this 20        case in two weeks as well?  21 <b>A. Whenever that is from now but, yes, I'm aware 22        of that.</b>  23   Q. And you took the time to prepare for your 24        deposition today?  25 <b>A. Yes. I have reviewed thousands and thousands</b>	Page 6	Page 8  1 <b>A. Rarely.</b> 2   Q. And the staff that you spoke with in 3        preparation for today, who are they?  4 <b>A. I've had reports generated, information 5        sought by Julie Nowacki, my human resource 6        director; Traci Newman, my business officer 7        manager; Diana VanDerBeek, nursing director 8        at Sherburne.</b>  9   Q. How do you spell Julie's last name?  10 <b>A. N-O-W-A-C-K-I.</b>  11   Q. And when did you start having conversations 12        with them with respect to preparing for 13        today's deposition?  14 <b>A. That's a difficult question for me to answer 15        because these are the people that assisted me 16        in collecting information for quite some time 17        now. So I can't give you an exact answer but 18        it's been throughout this process.</b>  19   Q. Any specific conversations that you've had 20        with them to prepare for today's deposition?  21 <b>A. Oh, no. No. Other than just getting 22        information that I needed to be prepared.</b>  23   Q. Did you speak with Diana VanDerBeek about the 24        deposition testimony she gave?  25 <b>A. No.</b>
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1 Q. Have you spoken to anyone from MEnD about the 2 deposition testimony they've given in this 3 case? 4 <b>A. No.</b> 5 Q. Have you read any deposition transcripts in 6 preparation for today? 7 <b>A. Yes.</b> 8 Q. Whose transcripts have you read? 9 <b>A. I've read Diana VanDerBeek, Danielle Asfeld,</b> 10 <b>Christina Leonard, Pat Carr, Rebecca Lucar,</b> 11 <b>and our health technician, I always butcher</b> 12 <b>her last name but --</b> 13 Q. Who? 14 <b>A. The health technician that was deposed.</b> 15 Q. Which one? 16 <b>A. I butcher her last name, I apologize, but I'm</b> 17 <b>blanking on her name now. I apologize.</b> 18 Q. Do you remember her first name? 19 <b>A. Goodness. It starts with a B.</b> 20 Q. Briony Bohn? 21 <b>A. No.</b> 22 Q. Brittany -- 23 <b>MR. NOVAK:</b> It was Brittany. 24 <b>THE WITNESS:</b> Thank you. Brittany. 25           Thank you.	Page 9	1 if there is anything in particular from 2 those depositions that mischaracterizes 3 that. It's impossible for me to answer 4 without going through those individually 5 with you. 6 <b>BY MR. STORMS:</b> 7 Q. Well, it's possible to answer the question 8 about whether or not you recall today 9 anything, right? That's a possible answer 10 for you. 11 <b>A. Okay.</b> 12 Q. True? 13 <b>A. I'm sorry, what is the question?</b> 14 Q. Well, if you recalled something, right, that 15 would be a yes or no answer today? 16 <b>A. Well, as I mentioned just earlier, I don't</b> 17 <b>recall anything off the top of my mind, but</b> 18 <b>to be accurate I'd have to go through each</b> 19 <b>individual one and tell you if there is</b> 20 <b>anything that comes to mind as I reviewed</b> 21 <b>them.</b> 22 Q. Aside from operations, do you recall anything 23 in particular that you believe 24 mischaracterized MEnD's policies and 25 procedures in any respect?	Page 11
1 <b>BY MR. STORMS:</b> 2 Q. In your preparation to provide testimony as a 3 designee today and reviewing those 4 transcripts, was there anything that you 5 reviewed in those transcripts that you 6 thought mischaracterized any of MEnD's 7 operations? 8 <b>A. Oh, I would have to -- I would have to look</b> 9 <b>through each one individually to give you an</b> 10 <b>accurate answer of that. Nothing comes to</b> 11 <b>mind but I don't remember to that level of</b> 12 <b>detail.</b> 13 Q. So as you sit here today the answer would be 14 no? 15 <b>A. My answer would be just as I stated, I would</b> 16 <b>literally have to go through each line to</b> 17 <b>accurately answer that.</b> 18 Q. Well, I understand what you are saying but 19 I'm asking you as you sit here today is there 20 any particular testimony that you recall that 21 you believe mischaracterizes MEnD's 22 operations? 23 <b>MR. NOVAK:</b> Asked and answered. Go 24           ahead. 25 <b>THE WITNESS:</b> I just can't recall	Page 10	1 <b>A. It's the same answer for me.</b> 2 Q. Nothing you recall today? 3 <b>A. Nothing off the top of my mind but, again, I</b> 4 <b>would have to review those very intricately</b> 5 <b>to answer that accurately.</b> 6 Q. So did you review those deposition 7 transcripts intricately in preparation for 8 today's deposition? 9 <b>A. I read through them thoroughly.</b> 10 Q. And did you have any conversations with Pat 11 Carr about his deposition testimony? 12 <b>A. No.</b> 13 Q. Have you had any -- in preparation for 14 today's deposition, did you have any 15 conversations with anyone from Sherburne 16 County? 17 <b>A. You mean from Sherburne County Sheriffs</b> 18 <b>Department?</b> 19 Q. Anyone from Sherburne County government at 20 all in preparation for this deposition? 21 <b>A. That's what I was looking for. No, I haven't</b> 22 <b>had any conversations with them in</b> 23 <b>preparation for this.</b> 24 Q. When was the last time you would have had any 25 conversation with Pat Carr at all about Dylan	Page 12

Page 13

- 1 Brenner?
- 2 A. I don't know. I just don't recall the last  
3 time him and I had a conversation about Dylan  
4 Brenner specifically.
- 5 Q. What about the last conversation that would  
6 have been had related to MEnD's contract with  
7 Sherburne County, would you have had any  
8 recent conversations about that with  
9 Mr. Carr?
- 10 A. My best estimate is approximately two months  
11 ago. And that's an estimate.
- 12 Q. And what was the nature of that conversation?
- 13 A. Twofold. It was that they are changing their  
14 ICE national detention standards that they  
15 must abide by moving forward, and just  
16 discussing the ins and outs of that and if  
17 there is anything that we need to change on  
18 our end related to that. And then ongoing  
19 conversations regarding our pursuit of  
20 accreditation by the NCCHC, similar topics  
21 with that.
- 22 Q. And what is the NCCHC?
- 23 A. National Commission on Correctional Health  
24 Care.
- 25 Q. And MEnD is in the process of seeking that

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- 1 accreditation?
- 2 A. Well, it's technically Sherburne County Jail,  
3 we are assisting in that pursuit.
- 4 Q. Did Mr. Carr discuss at all with you your  
5 personal presence at the Sherburne County  
6 facility as part of MEnD staffing?
- 7 A. I don't recall that.
- 11 Q. And my understanding is that there was a  
12 recent resignation of the medical provider at  
13 the Sherburne County Jail?
- 14 A. Oh, the primary medical provider there,  
15 Janell Hussain?
- 16 Q. Correct.
- 17 A. Yes. Fairly recently.
- 18 Q. Was that a resignation or a termination?
- 19 A. Resignation.
- 20 Q. Was she given the opportunity to resign prior  
21 to termination?
- 22 A. No.
- 23 Q. So it was wholly voluntary that she resigned?
- 24 A. Wholly voluntary.

- [REDACTED]
- 3 Q. Aside from talking to employees along the  
4 way, conversations with your attorneys, and  
5 the review of deposition transcripts, you had  
6 said you also reviewed many documents?
- 7 A. Mm-hum.
- 8 Q. Yes?
- 9 A. Yes.
- 10 Q. Do you recall what documents those were?
- 11 A. Oh, my goodness. I wouldn't have an  
12 exhaustive list but medical records,  
13 exhibits. I wouldn't have an exhaustive list  
14 in my mind right now.
- 15 Q. Did you review medical records for inmates  
16 other than Dylan Brenner who committed  
17 suicide at Sherburne County Jail?
- 18 A. Yes.
- 19 Q. Anything else that you would have done to  
20 prepare for today's deposition?
- 21 A. I guess I would need to know a little more  
22 specifically what you are asking. I mean, I  
23 prepared.
- 24 Q. Okay. We can talk on an individual basis  
25 related to the topics. So topic number one,

- Page 16
- 1 MEnD's corporate structure from January 1,  
2 2010 through the present, are you prepared to  
3 provide testimony on that topic?
- 4 A. I am.
- 5 Q. Did you have to review anything to prepare  
6 testimony on that topic?
- 7 A. I reviewed our organizational chart but I'm  
8 fairly familiar with our structure.
- 9 Q. In terms of ownership structure, the company  
10 is founded as a Professional Limited  
11 Liability Company?
- 12 A. It wasn't originally founded as that, we  
13 achieved that along the way. But it was an  
14 LCC and then became a PLLC.
- 15 Q. And have you always been the sole member or  
16 owner?
- 17 A. Yes. So MEnD Correctional Care solely owned  
18 by Dr. Todd Leonard Consulting, LLC, and I'm  
19 the sole owner. And that has been the  
20 ownership the entire decade.
- 21 Q. When did you form Todd Leonard Consulting?
- 22 A. I wouldn't be able to give you an exact date.  
23 It would have been 2006 or 2007, in that time  
24 frame.
- 25 Q. Was that a consulting business formed for the

<p style="text-align: right;">Page 17</p> <p>1 purpose of providing correctional health 2 care?</p> <p><b>3 A. It was formed for my individual capacity in 4 providing correctional health care.</b></p> <p>5 Q. And you were and remain the only member of 6 Todd Leonard Consulting?</p> <p><b>7 A. Correct.</b></p> <p>8 Q. And Todd Leonard Consulting is the only 9 member or owner of MEnD Correctional Care, 10 PLLC?</p> <p><b>11 A. Correct.</b></p> <p>12 Q. Are there any other employees who receive 13 payment at MEnD that correlates with MEnD's 14 annual revenues or profits?</p> <p><b>15 A. I'm not sure I'm following. I'm sorry.</b></p> <p>16 Q. So I recognize that you are the only owner, 17 but are there any other employees at MEnD who 18 receive either bonuses or some other income 19 that correlates with MEnD's revenue or 20 profits?</p> <p><b>21 A. I think I know what you are asking. So 22 beyond salary. Okay. Most years I've been 23 able to give a year-end bonus to my 24 leadership team. Not every year but most 25 years.</b></p>	<p style="text-align: right;">Page 19</p> <p>1 Q. Diana VanDerBeek was in 2017, and is today, 2 the nursing director at Sherburne County?</p> <p><b>3 A. Correct.</b></p> <p>4 Q. And I assume that some of these nursing 5 directors might cover more than one jail for 6 you?</p> <p><b>7 A. Correct.</b></p> <p>8 Q. But Diana VanDerBeek is limited just to 9 Sherburne County?</p> <p><b>10 A. Correct.</b></p> <p>11 Q. Is that your largest jail that you service at 12 MEnD?</p> <p><b>13 A. At the present time, no.</b></p> <p>14 Q. Who would be larger?</p> <p><b>15 A. Racine County Jail. It can depend on the 16 month but in general Racine County Jail is 17 slightly larger.</b></p> <p>18 Q. Based primarily upon federal inmates?</p> <p><b>19 A. On average daily population.</b></p> <p>20 Q. Is that influenced by federal inmates?</p> <p><b>21 A. At Racine?</b></p> <p>22 Q. Yes.</p> <p><b>23 A. No.</b></p> <p>24 Q. And your ownership structure in terms of 25 Dr. Todd Leonard Consulting, LLC being the</p>
<p style="text-align: right;">Page 18</p> <p>1 Q. Is that a discretionary bonus?</p> <p><b>2 A. It is.</b></p> <p>3 Q. So is there anyone who has, like, a formula, 4 if MEnD hits this achievement or that 5 achievement they automatically get some 6 additional payment?</p> <p><b>7 A. No.</b></p> <p>8 Q. And who constitutes MEnD's leadership team?</p> <p><b>9 A. Myself, our HR director.</b></p> <p>10 Q. Which would be?</p> <p><b>11 A. Julie Nowacki. Our business office manager, 12 Traci Newman; director of nursing, Michelle 13 Skroch; training director, which is currently 14 Miranda Habiger; our mental health director, 15 Linda Pantzke; and our team of nursing 16 directors.</b></p> <p>17 Q. And who is that team?</p> <p><b>18 A. Do you want me to go through each individual 19 one?</b></p> <p>20 Q. Yes, please.</p> <p><b>21 A. Okay. Currently we have Tara Giller, Crystal 22 Peterson, Jim Sweeney, Corey Campen, Dean 23 Wilson, Diana VanDerBeek, Collin Johnson, 24 Tiffany Baxter, Sheree Drummer, Julie 25 Torrieri. I believe that is the list.</b></p>	<p style="text-align: right;">Page 20</p> <p>1 only member of MEnD -- actually, let me take 2 a step back.</p> <p>3 MEnD Correctional Care, PLLC, is that 4 the same entity that provides correctional 5 care to all the facilities that MEnD provides 6 work for including those outside of 7 Minnesota?</p> <p><b>8 A. Correct.</b></p> <p>9 Q. Do you have -- does Todd Leonard Consulting, 10 LLC have ownership in any other correctional 11 entities?</p> <p><b>12 A. No.</b></p> <p>13 Q. Does MEnD have any ownership in any other 14 correctional entities?</p> <p><b>15 A. No.</b></p> <p>16 Q. Do you have any sort of board for MEnD?</p> <p><b>17 A. No. I mean, we have annual meetings with my 18 legal counsel at Fredrikson and Byron but we 19 don't have a formal board at this time.</b></p> <p>20 Q. Who is your legal counsel at Fredrikson?</p> <p><b>21 A. It's a team but it's led by Eric Madson.</b></p> <p>22 Q. And so neither of those -- in terms of 23 ownership of copyrights, that all belongs to 24 MEnD Correctional Care, PLLC?</p> <p><b>25 A. Correct.</b></p>

<p>1 Q. And does MEnD Correctional Care, PLLC own any 2 patents? 3 A. No. 4 Q. Any trademarks? 5 A. I don't believe so. 6 Q. Does MEnD Correctional Care copyright 7 anything other than its policy and procedure 8 manual? 9 A. And certain forms. 10 Q. But there is no outside advisory board for 11 MEnD? 12 A. No. 13 Q. Let me just hand this to you, let you keep 14 this so we don't have to keep handing it back 15 and forth. 16 A. Fair enough. 17 Q. If you could turn to Exhibit 26, please. 18 A. Okay. 19 Q. Now, you are prepared today to provide 20 testimony regarding topic number two, MEnD 21 supervising and reporting hierarchies? 22 A. Correct. 23 Q. And does Exhibit 26 accurately reflect those 24 supervising and reporting hierarchies? 25 A. This does from the past. This has changed</p>	<p>Page 21</p> <p>1 A. Dr. Steve Scurr. 2 Q. How do you spell his last name? 3 A. S-C-U-R-R. 4 Q. Did you have a medical doctor employed in 5 Wisconsin? 6 A. No. We had our medical provider team that we 7 use so -- 8 Q. Which would have been either nurse 9 practitioners or PAs? 10 A. Correct. 11 Q. And then did you provide care in Illinois at 12 some point as well? 13 A. We began providing health care in Rock Island 14 County Jail in Illinois, and that officially 15 was January 1st of 2018. 16 Q. Are you still providing that care? 17 A. Correct. 18 Q. Is that the only facility in Illinois? 19 A. Correct. 20 Q. And is there a medical doctor that you 21 subcontract with in Illinois? 22 A. There is a physician assistant. 23 Q. So in Minnesota from January 1, 2016, through 24 December 31, 2017, you would have been the 25 only medical doctor providing service on</p>
<p>1 since then. 2 Q. Would this have been the correct 3 organizational chart from January 1, 2016, 4 through December 31, 2017? 5 A. Partially. 6 Q. Okay. So when would -- 7 A. Oh, I'm sorry. It is correct. I apologize. 8 It was just hard to read and I didn't spot 9 the training director position here so this 10 is correct from that time period. 11 Q. And president and chief medical officer, that 12 would be you? 13 A. Correct. 14 Q. And medical providers, would those 15 predominantly be nurse practitioners? 16 A. It would be medical doctor, physician assistant, and nurse practitioners. 18 Q. From January 1, 2016, through December 31, 19 2017, were there medical doctors other than 20 yourself employed by MEnD? 21 A. Subcontracted by MEnD, yes. 22 Q. In Minnesota? 23 A. In Iowa. 24 Q. And who is your subcontractor in Iowa that's 25 a medical doctor?</p>	<p>Page 22</p> <p>Page 24</p> <p>1 behalf of MEnD in Minnesota? 2 A. I don't view it that way. I view it as we 3 have a team of medical providers, all are 4 independently licensed and able to provide 5 care. So I guess I don't categorize it that 6 way. 7 Q. Well, medical doctor is a very distinct term, 8 correct? 9 A. It's an individual term of a medical 10 provider, certainly. 11 Q. Well, an MD is a degree you had to obtain? 12 A. Correct. 13 Q. And a nurse practitioner can't call herself 14 an MD? 15 A. No. She can call herself a nurse 16 practitioner and she's able to independently 17 provide care just as you would if you went to 18 your local family medicine clinic. Most 19 people often see nurse practitioners, 20 physician assistants. 21 Q. So I understand how you are answering my 22 question, but I want to make sure I get an 23 answer to my question. You were the only 24 medical doctor providing service on behalf of 25 MEnD in Minnesota from January 1, 2016,</p>

1      through December 31, 2017? 2 <b>A. With that particular title, correct.</b> 3   Q. Did you attempt to hire any medical doctors 4   to work on behalf of MEnD between January 1, 5   2016, and December 31, 2017? 6 <b>A. I don't recall specific dates but we have 7   been recruiting the corporate medical 8   director, which would be another medical 9   doctor, a physician, to work with us. I just 10   don't recall when those efforts began.</b> 11   Q. With respect to medical providers at 12   individual jails, though, your job postings 13   have not been for the hiring of medical 14   doctors, have they? 15 <b>A. I don't recall. I know that we've had 16   advertisements, or whatever you would call 17   it, posted that have involved physicians 18   assistants and nurse practitioners, I just 19   don't recall if we've had postings that have 20   involved medical doctors or not.</b> 21   Q. Do you get involved in the interviewing 22   process on behalf of MEnD for the medical 23   providers? 24 <b>A. Yes.</b> 25   Q. Are you aware of personally interviewing a	1 <b>position that we're recruiting for now, that 2   would need to be a physician medical doctor, 3   that would have to be a requirement.</b> 4   Q. What is your understanding of why it is in 5   your field that those positions are typically 6   filled by nurse practitioners and PAs as 7   opposed to medical doctors? 8 <b>A. I think there is multiple factors. There is 9   more of a labor pool of those positions, they 10   are effective positions that provide good 11   care, they are very cost effective, I think 12   they've been successful over a track record 13   of years for multiple companies in this 14   industry, it's industry standard so --</b> 15   Q. You would expect that you'd have to pay a 16   medical doctor more than a nurse practitioner 17   or a PA to fill those roles? 18 <b>A. I would assume so.</b> 19   Q. Turn back to the deposition notice. 20 <b>A. Okay.</b> 21   Q. And, actually, let me just ask you this 22   first, did you review this organizational 23   chart, Exhibit 26, in preparation for today's 24   deposition? 25 <b>A. I did.</b>
1   medical doctor for the position of medical 2   provider at any jail in Minnesota? 3 <b>A. I don't recall if I've interviewed anyone for 4   that particular position or not. I have 5   interviewed for a corporate medical director, 6   but I don't recall if I've interviewed a 7   medical doctor for any other position or not.</b> 8   Q. Has a medical doctor, other than yourself -- 9   and let me take a step back. 10      Are you an employee of MEnD as well? 11 <b>A. I don't take my salary from MEnD Correctional 12   Care, I take it from Dr. Todd Leonard 13   Consulting. But I am, you know, an employee 14   of the company in that spirit so --</b> 15   Q. Has MEnD ever employed, not subcontracted 16   with, ever employed another medical doctor 17   other than yourself? 18 <b>A. That particular title? No.</b> 19   Q. And why is it that MEnD does not employ any 20   other medical doctors other than yourself? 21 <b>A. It's very standard in our industry to use 22   physicians assistants and nurse practitioners 23   in the way that we do. Other than that, 24   there is no particular reason. I will say, 25   though, that corporate medical director</b>	1 <b>Q. Were there any other documents that you 2   reviewed in preparation for providing 3   testimony regarding the organization 4   structure that you can recall?</b> 5 <b>A. I don't recall specific documents offhand. 6   There may have been certain documents that 7   pertain to this, I just don't recall 8   specifics. I'm not certain.</b> 9 <b>Q. For topic number three, for the time period 10   of January 1, 2016, through December 31, 11   2017, we had asked for a witness to be 12   provided to provide testimony regarding 13   MEnD's practices, policies, protocols, 14   training, and the like, regarding what 15   medical care nurses and health technicians 16   can provide to patients without approval from 17   a medical provider or supervisor, and 18   information on how and when the nurses and 19   health technicians at Sherburne County Jail 20   obtain medical provider or other supervisor 21   approval. Are you prepared to provide 22   testimony regarding topic number three?</b> 23 <b>A. I am.</b> 24 <b>Q. Are there documents that you reviewed in 25   preparation for providing testimony regarding</b>

1      topic number three?  2 A. I reviewed policies and protocols, although I 3 do that frequently. I reviewed some of our 4 training curriculum and documents. This is 5 not an exhaustive list, it's off the top of 6 my head. I reviewed some of the staff 7 meeting agendas from Sherburne County Jail. 8 Those are the ones off the top of my head 9 that I can recall.  10 Q. And with you serving as the president and 11 chief medical officer, what do your duties 12 consist of with respect specifically to 13 Sherburne County?  14 A. It's multifold. This will not be an 15 exhaustive list, this will be off the top of 16 my head. I supervise the primary medical 17 provider there, I provide consultation and 18 discussion and direction to any staff who 19 asks for it and needs it, I frequently talk 20 with my primary medical provider there, I 21 have conversations and meetings with 22 correctional staff, jail administration, 23 Sherburne County sheriff, I've met with 24 Sherburne County judges, public defenders, 25 I've assisted in training activities over	Page 29  1      primary medical provider there. That's my 2 direct supervision in that capacity. 3 Q. And that was the case in 2016 and 2017? 4 A. Correct. 5 Q. And in 2017, particularly in October of 2017, 6 Janell Hussain was the medical provider 7 there? 8 A. The primary medical provider there. 9 Q. And she was a nurse practitioner? 10 A. Correct. 11 Q. And she required supervision by you as a 12 medical doctor; is that correct? 13 A. You are required to have a collaborative 14 agreement, but she's able to, in the scope of 15 her license, to work independently. 16 Q. But you had a collaborative agreement with 17 her? 18 A. Correct. 19 Q. So that means she was ultimately operating 20 under your license and supervision at 21 Sherburne County? 22 A. She was operating independently. What those 23 agreements are designed to say is if there is 24 a difference of opinion in the way a case, 25 that she agrees that she'll defer to me if we
Page 30  1      time, I've provided direct medical care to 2 patients there, I've had meetings with a 3 pharmaceutical vendor. That's what I can 4 think of off the top of my head.  5 Q. You are, as the president and chief medical 6 officer, you are the final policy making 7 authority there?  8 A. Yeah. I mean, everything that we do when it 9 comes to crafting, honing, fine tuning 10 policies, protocols, procedures, everything, 11 it's very much a team effort. I get input 12 and advice and recommendations from all stake 13 holders. At the end of the day I'm the veto 14 authority. But it's always been a team 15 effort from day one.  16 Q. But as the veto authority, the ultimate 17 responsibility and authority rests with you 18 to either approve or deny the enforcement of 19 policy?  20 A. I approve policy and protocols and the 21 enforcement of those is the responsibility of 22 all of us in supervisory roles.  23 Q. And you are in a supervisory role as a 24 medical doctor at the Sherburne County Jail? 25 A. I'm in a supervisory role directly with my	Page 30  1      have a disagreement, that sort of thing. 2 There is more to those agreements than that 3 but -- 4 Q. She would not have been able to operate at 5 Sherburne County independently without that 6 collaborative agreement with you, correct? 7 A. She needs to have a physician that is 8 partnered with her. So she can operate day 9 to day independently, but at the end of the 10 day she does need to have that partnership. 11 Q. That was always you at the Sherburne County 12 Jail? 13 A. With Janell Hussain, correct. 14 Q. And what would you do to supervise Janell 15 Hussain? 16 A. Oh, goodness. I would be largely involved in 17 her training, I would be involved in frequent 18 consultation and discussion of cases, I would 19 see particular patients with her if requested 20 or necessary, I would give her frequent 21 feedback and constructive criticism. That's 22 just off the top of my head. 23 Q. Would you review her patient files on a 24 regular basis? 25 A. I would do random chart reviews, and then we



<p style="text-align: right;">Page 37</p> <p>1 other written policies in place for MEnD at 2 the Sherburne County Jail aside from this 3 manual?</p> <p><b>4 A. Written policies, no.</b></p> <p>5 Q. Would this policy reflect all standing orders 6 that would have been in place at the 7 Sherburne County Jail in 2017?</p> <p><b>8 A. I'm not sure what you mean by standing orders 9 but I don't believe so.</b></p> <p>10 Q. You don't believe that this would reflect all 11 standing orders?</p> <p><b>12 A. The policy manual?</b></p> <p>13 Q. Yes.</p> <p><b>14 A. No.</b></p> <p>15 Q. Do you know what a standing order is?</p> <p><b>16 A. Yes.</b></p> <p>17 Q. What is your understanding of a standing 18 order?</p> <p><b>19 A. My understanding of a standing order would be 20 an order that -- I'll give you an example. 21 There are treatment centers like Vineland 22 Treatment Center and they have a list of 23 standing orders that any resident or 24 treatment center can have without need for 25 encounters or of the like. That's my</b></p>	<p style="text-align: right;">Page 39</p> <p>1 protocol manual, are there any other specific 2 writings created by MEnD that has the force 3 of a policy or protocol or practice at MEnD?</p> <p><b>4 A. Oh, my goodness, I don't know how to answer 5 that. I apologize. I'm not sure how to 6 answer that.</b></p> <p>7 Q. Well, do you issue any other manuals?</p> <p><b>8 A. No other policy or protocol manuals. We have 9 our trainings that we provide that give 10 direction, so I would consider that a 11 writing. We have competencies, those are the 12 other things off the top of my head that I 13 can think of that would be writings that 14 would assist in directing medical staff in 15 their duties.</b></p> <p>16 Q. What is a competency?</p> <p><b>17 A. Competency is a part of individual positions 18 trainings initially on hire, or if ever 19 needed in the future. It just provides proof 20 that a person in a particular position has 21 proven mastery of a certain task or duty or 22 skill.</b></p> <p>23 Q. So that's more a value, that's not 24 necessarily given as a policy or a practice 25 or protocol to be followed, am I</p>
<p style="text-align: right;">Page 38</p> <p><b>1 definition.</b></p> <p>2 Q. And did you, in 2017, did you personally 3 issue standing orders that were in place at 4 the Sherburne County Jail?</p> <p><b>5 A. Standing orders in that definition, no.</b></p> <p>6 Q. Standing orders under some different 7 definition?</p> <p><b>8 A. No. I wouldn't call them standing orders, 9 that's my point.</b></p> <p>10 Q. What would you call them?</p> <p><b>11 A. We have conditions specific protocols.</b></p> <p>12 Q. And are those reflected in writing?</p> <p><b>13 A. They are in the protocol manual.</b></p> <p>14 Q. And the protocol manual is different than the 15 policy manual?</p> <p><b>16 A. Correct.</b></p> <p>17 Q. And are you the final or the responsibility 18 authority for the items reflected in the 19 protocol manual?</p> <p><b>20 A. Again, going back to our previous 21 conversation, I ultimately approved them 22 along with my director of nursing, but the 23 crafting and fine tuning of all of those is a 24 team effort.</b></p> <p>25 Q. So you have the policy manual and the</p>	<p style="text-align: right;">Page 40</p> <p>1 understanding that correctly?</p> <p><b>2 A. Again, this is difficult to answer because 3 you have to demonstrate mastery of these 4 competencies to performing your duties 5 independently in your position in our 6 company. So I'm just not sure how to answer 7 that question.</b></p> <p>8 Q. Are the policy and protocol manuals made 9 available for review of the staff at all 10 times?</p> <p><b>11 A. They are always available within each 12 individual clinic, and most of our nursing 13 staff have their own copy.</b></p> <p>14 Q. Electronic, hard copy, or both?</p> <p><b>15 A. It's available both ways.</b></p> <p>16 Q. Is there aside from the policy or protocol 17 manuals that are available in hard copy, are 18 there other hard copy reference materials 19 that are typically available for your staff 20 to review in order to assist them in 21 performing their duties?</p> <p><b>22 A. That's a pretty broad question. Is there any 23 way you can make it more specific for me?</b></p> <p>24 Q. Like do you keep a mini library? For example, I have some rule books sitting up</p>

1 above my desk. 2 A. <b>There is certain hard copy reference books</b> 3 <b>and then some people have their own apps.</b> 4 <b>There is also online references, and</b> 5 <b>depending on your position you would use some</b> 6 <b>of those, all of those. So it's a difficult</b> 7 <b>question to answer, it's very broad.</b> 8 Q. Who participates in drafting at MEnD the 9 policy manual? 10 A. <b>Well, anyone that has a stake in the</b> 11 <b>day-to-day care of our staff can be involved,</b> 12 <b>and that includes correctional staff, jail</b> 13 <b>administrators, you name it. And anyone from</b> 14 <b>our company can provide suggestions,</b> 15 <b>requests, feedback throughout the year. So</b> 16 <b>it really is a team effort. And then taking</b> 17 <b>all of that information and trying to put it</b> 18 <b>on paper, that's generally the leadership</b> 19 <b>team that will, you know, sort of put pen to</b> 20 <b>paper, ink to paper, whatever you want to</b> 21 <b>call it.</b> 22 Q. Are you involved in putting pen to paper for 23 the policy manual? 24 A. <b>Correct.</b> 25 Q. So you'll make edits yourself?	Page 41  1 <b>protocols that we use.</b> 2 Q. So as you sit here today is there one 3 particular set of model policies that you 4 tend to review that you can name? 5 A. <b>Again, it's everything I just listed to you.</b> 6 Q. Do you review the model policies and 7 protocols from the National Commission on 8 Correctional Health Care? 9 A. <b>Yes.</b> 10 Q. And do you review the Minnesota State 11 statutes and regulations? 12 A. <b>At times, yes.</b> 13 Q. In particular the DOT statutes and 14 regulations? 15 A. <b>Correct.</b> 16 Q. Are there accreditations that MEnD holds? 17 A. <b>As a company?</b> 18 Q. Yes. 19 A. <b>Other than PLLC as a company? I can't think</b> 20 <b>of any other accreditations that the company</b> 21 <b>holds.</b> 22 Q. You assist some of the jails in obtaining 23 accreditation? 24 A. <b>Our first jail that we've achieved a national</b> 25 <b>accreditation with is Sherburne County.</b>
Page 42  1 A. <b>Correct.</b> 2 Q. What third party documents, meaning documents 3 not created by MEnD, do you review in the 4 process of creating the policy or protocol 5 manual? 6 A. <b>Again, that's a broad question because it can</b> 7 <b>be from any legitimate source that enters</b> 8 <b>into my consciousness for providing medical</b> 9 <b>care. So, I mean --</b> 10 Q. Well, are there certain standards in 11 particular that you review for the providing 12 of correctional medical care? 13 A. <b>I review all sorts of standards from primary</b> 14 <b>care in general, American Correctional</b> 15 <b>Association, immigration standards, National</b> 16 <b>Commission Correctional Health Care</b> 17 <b>standards. I review a lot of material, as</b> 18 <b>does my staff, in trying to, again, hone what</b> 19 <b>we do.</b> 20 Q. Are there model policies that you reviewed in 21 preparation for drafting your policy and 22 procedure policy manual? 23 A. <b>It would be the same list. It would be</b> 24 <b>whatever -- whatever we find that we feel is</b> 25 <b>helpful in drafting our ultimate policies and</b>	Page 42  1 Q. When did you obtain that? 2 A. <b>I believe that was 2018.</b> 3 Q. What was the accreditation? 4 A. <b>American Correctional Association.</b> 5 Q. And you have that accreditation today? 6 A. <b>Correct.</b> 7 Q. Or Sherburne County does? 8 A. <b>I probably should have delineated that.</b> 9 <b>Sorry.</b> 10 Q. So should I have. Okay. Is that the only 11 national accreditation that's been obtained 12 by a jail where MEnD provides the care, that 13 you know of? 14 A. <b>Correct.</b> 15 Q. And you assisted Sherburne County in 16 obtaining that accreditation? 17 A. <b>Correct.</b> 18 Q. And does that accreditation need to be 19 renewed? 20 A. <b>Yes.</b> 21 Q. How often? 22 A. <b>I believe it's every three years, but I'm not</b> 23 <b>certain.</b> 24 Q. Have you assisted any jail in attempting to 25 gain accreditation where the jail was

<p style="text-align: right;">Page 45</p> <p>1 unsuccessful in obtaining the accreditation?</p> <p>2 <b>A. No.</b></p> <p>3 Q. In your supervisory capacity as a medical</p> <p>4 doctor with respect to Janell Hussain, do you</p> <p>5 review the State statutes with respect to</p> <p>6 scope of practice?</p> <p>7 <b>A. I can't remember the last time I've reviewed</b></p> <p>8 <b>them but I'm sure I have.</b></p> <p>9 Q. What is your understanding of the scope of</p> <p>10 practice differences between yourself and</p> <p>11 Janell Hussain?</p> <p>12 A. <b>Again, that's a very broad question. From</b></p> <p>13 <b>day in day out activities of providing direct</b></p> <p>14 <b>patient care, it's minimal at best.</b></p> <p>15 Q. Any specific differences in the legal scope</p> <p>16 of practice that you are aware of between</p> <p>17 yourself and Janell Hussain?</p> <p>18 <b>MR. NOVAK:</b> I object to the form,</p> <p>19 calls for a legal conclusion. You can</p> <p>20 go ahead.</p> <p>21 <b>THE WITNESS:</b> Off the top of my</p> <p>22 head I don't have those committed to</p> <p>23 memory. There are certain endeavors</p> <p>24 that I can think of where it requires a</p> <p>25 physician's statement, such as an</p>	<p style="text-align: right;">Page 47</p> <p>1 whose license was attached to providing the</p> <p>2 service at -- or medical service at that</p> <p>3 jail?</p> <p>4 <b>A. Yeah. That's true of any medical facility.</b></p> <p>5 <b>So we're no different.</b></p> <p>6 Q. So every medical facility that MEnD provides</p> <p>7 treatment to in Minnesota relies upon your</p> <p>8 license?</p> <p>9 <b>A. Technically, yes. You have to have that.</b></p> <p>10 <b>Operationally it's much more extensive than</b></p> <p>11 <b>that.</b></p> <p>12 Q. Are all of the inmates at each of the jails</p> <p>13 that MEnD provides services to technically</p> <p>14 your patient?</p> <p>15 <b>A. Do you mind repeating that? I'm sorry.</b></p> <p>16 Q. Are all of the inmates or detainees at all of</p> <p>17 the jails that MEnD provides services to, are</p> <p>18 they all technically your patients?</p> <p>19 <b>A. No. They are all of our patients. All of</b></p> <p>20 <b>our medical providers have their own</b></p> <p>21 <b>patients. All of our medical providers are</b></p> <p>22 <b>primarily assigned to particular facilities.</b></p> <p>23 <b>And so that's how it's broken down.</b></p> <p>24 Q. So in 2017 were the detainees at Sherburne</p> <p>25 County Jail -- or sorry. In 2017 were the</p>
<p style="text-align: right;">Page 46</p> <p>1 examiner's statement. I'm just not</p> <p>2 recalling off the top of my head.</p> <p>3 <b>BY MR. STORMS:</b></p> <p>4 Q. What is an examiner's statement?</p> <p>5 A. <b>It's basically when you have a patient that</b></p> <p>6 <b>you have to put an emergency hold on.</b></p> <p>7 Q. And you employ nurse practitioners but also</p> <p>8 employ registered nurses?</p> <p>9 A. <b>Correct.</b></p> <p>10 Q. What is your understanding -- and do you</p> <p>11 supervise registered nurses?</p> <p>12 A. <b>I don't directly supervise them.</b></p> <p>13 Q. Are they in some fashion supervised by you --</p> <p>14 or I'm sorry. Do they in some fashion need</p> <p>15 to be supervised by you in order to provide</p> <p>16 the work at Sherburne County Jail?</p> <p>17 A. <b>I'm not required to. But I am -- I'm always</b></p> <p>18 <b>available to assist our leadership staff</b></p> <p>19 <b>wherever necessary wherever I need to be</b></p> <p>20 <b>involved. But day in and day out, typical</b></p> <p>21 <b>supervision is provided by our leadership</b></p> <p>22 <b>team.</b></p> <p>23 Q. The nurses that provide work at Sherburne</p> <p>24 County would not be able to work at Sherburne</p> <p>25 County if there were not a medical doctor</p>	<p style="text-align: right;">Page 48</p> <p>1 detainees and inmates at Sherburne County</p> <p>2 Jail your patients?</p> <p>3 A. <b>They were not my direct patients. They were</b></p> <p>4 <b>primarily Janell Hussain's patients. But</b></p> <p>5 <b>again, whenever medical providers or myself</b></p> <p>6 <b>from our team were needed to assist her, then</b></p> <p>7 <b>we would. So primarily she is assigned to</b></p> <p>8 <b>that facility.</b></p> <p>9 Q. But Janell Hussain couldn't have those</p> <p>10 patients were it not for the collaborative</p> <p>11 agreement with you?</p> <p>12 A. <b>Yep.</b></p> <p>13 <b>MR. NOVAK:</b> I object to form.</p> <p>14 <b>THE WITNESS:</b> She needs to have</p> <p>15 that relationship with me to provide her</p> <p>16 independent care that she provides each</p> <p>17 day.</p> <p>18 <b>BY MR. STORMS:</b></p> <p>19 Q. But as you understand it, the care that she's</p> <p>20 providing each day, those individuals she's</p> <p>21 providing care to are not necessarily your</p> <p>22 patients?</p> <p>23 A. <b>They are not my direct patients, they are</b></p> <p>24 <b>assigned to her. Just like, again, any other</b></p> <p>25 <b>clinic, clinical practice you would have,</b></p>

1 <b>where a nurse practitioner or a physicians 2      assistant works in that capacity.</b> 3    Q. I understand you are saying direct patients, 4      are they indirectly your patients? 5    A. <b>No. I'm literally saying they are directly 6      assigned to her and I have my roles and 7      responsibilities and she has hers.</b> 8    Q. Okay. So they are not your patients? 9    A. <b>I guess I don't know how to answer that. I 10     would say all the patients in Sherburne 11     County are her patients, I just have my roles 12     and responsibilities in assuring that her and 13     I have the proper relationship and do my due 14     diligence and duties working with her.</b> 15   Q. I understand that. I would understand this 16     to be a yes or no question. Either those 17     inmates she's working with are your patients 18     or they are not at Sherburne County Jail. 19 <b>MR. NOVAK:</b> Is there a question 20     pending? 21 <b>BY MR. STORMS:</b> 22   Q. It's a yes or -- I'm looking for an answer to 23     my question. Are those patients at Sherburne 24     County Jail or not? 25 <b>MR. NOVAK:</b> Asked and answered. Go	1      these patients would lie -- in Sherburne 2      County would lie with Janell Hussain. 3      With obviously assistance and any help 4      that she required to do so. 5 <b>BY MR. STORMS:</b> 6    Q. Now, does that primary responsibility rest 7      with her when she's off duty? 8    A. <b>When she's off duty it depends on when you 9      are talking about. So I would need to know 10     more of what you mean by that.</b> 11   Q. So, for example, if she's off duty and not on 12     call, somebody else is the on-call provider? 13   A. <b>Correct. Then there is on-call rotation. 14     And whoever is assigned for that period of 15     time on call is responsible to assist our 16     team in caring for those patients. And 17     that's the assistance I was talking about. 18     They are primarily assigned to her, but when 19     she needs assistance from our team that's 20     what we provide.</b> 21   Q. And now you have nurse practitioners but you 22     also have registered nurses who work under 23     your license at MEnD? 24   A. <b>They ultimately work under my license in 25     that, as we discussed earlier, my license is</b>
1      ahead. 2 <b>THE WITNESS:</b> I'm not sure how to 3      answer that because I'm just not sure 4      what you are trying to ask me in regards 5      to those patients. I mean -- 6 <b>BY MR. STORMS:</b> 7    Q. I'm asking if they are your patients? 8    A. <b>I don't know how to answer that question. 9     I'm not primarily responsible for their 10     day-to-day care, she is. I'm responsible for 11     my duties as her supervisor. Again, just 12     like you would have on any other facility 13     where a nurse practitioner provided care.</b> 14   Q. As a lawyer I have to know who my clients 15     are, right? I can tell you who my clients 16     are. So are you telling me you don't know if 17     these are your patients or not? 18 <b>MR. NOVAK:</b> Asked and answered. I 19     counted about four. 20 <b>THE WITNESS:</b> I guess at the end of 21     the day I would look at it this way, 22     these patients are assigned to MEnD 23     Correctional Care. So in some essence 24     they are my patients as well. But the 25     primary responsibility of caring for	1 <b>required to have these facilities 2      operational, they work under the supervision 3      of their team.</b> 4    Q. What is the difference in the scope of 5      practice between a nurse and a nurse 6      practitioner? 7    A. <b>That's a broad question. Is there something 8      specific you are asking or looking for?</b> 9    Q. Yeah. Can you tell me specifically what 10     things a nurse practitioner can do that a 11     nurse, a registered nurse, cannot? 12   A. <b>I can give you a couple of examples.</b> 13   Q. Please. 14   A. <b>Nurses can't prescribe medication on their 15     own, nurses have to stay within the scope of 16     their care or have a protocol to use or a 17     known procedure to use.</b> 18   Q. What does that mean, stay within the scope of 19     their care? 20   A. <b>Just in the scope of their licensure as a 21     nurse.</b> 22   Q. And aside from the prescription of 23     medication, is there any way that scope 24     differs from a nurse practitioner? 25   A. <b>Other than what? I'm sorry.</b>

1 Q. The ability to prescribe medication. 2 A. <b>They are not able to formally diagnose. I mean, those are the two biggest factors. Are there other things? Certainly. I mean, those are the first two examples off the top of my head.</b> 7 Q. In terms of treating patients, there is a difference between nurse interventions and medical interventions? 10 A. <b>I don't characterize them that way. Medical interventions is a broad term so there is plenty of nursing interventions that, in my mind, would be categorized as medical interventions.</b> 15 Q. Have you ever reviewed the Minnesota State statutes with respect to scope of practice? 17 A. <b>Again, I have. I can't tell you when the last time I would have done that would have been and in what area I would have reviewed.</b> 20 Q. Is that not part of something that you review annually when you are doing a policy and procedure manual? 23 A. <b>There is no mandate that says we have to review those annually. It's ongoing when I get notifications of changes, things of that</b>	Page 53  1 PCP? 2 A. <b>Specifically to PCP? No.</b> 3 Q. Is the training at MEnD that PCP is a drug that individuals do not suffer from drug withdrawal on? 6 A. <b>I wouldn't categorize it that way.</b> 7 Q. Should a nurse or a medical provider be concerned about someone who tested positive for PCP with respect to drug withdrawal? 10 MR. NOVAK: I object to the form, incomplete hypothetical. 12 THE WITNESS: It would have to depend on the patient but in general PCP withdrawal is a minor event on the scope of drugs that we deal with that a person could suffer from withdrawal. 17 BY MR. STORMS: 18 Q. The effects of PCP can be significant? 19 MR. NOVAK: Form. 20 THE WITNESS: They can be. It just depends on the patient and the usage and situation. 23 MR. STORMS: Can we go off the record? 25 (A break was taken.)
1 nature. It's periodic, I can't tell you if it's annually. 3 Q. Is drug withdrawal a diagnosis? 4 A. <b>Drug withdrawal would be a condition, there is more specific diagnoses that would be assigned to a condition like that.</b> 7 Q. So is that a diagnosis or not a diagnosis? 8 MR. NOVAK: Objection, asked and answered. 10 THE WITNESS: It can be but it doesn't have to be. 12 BY MR. STORMS: 13 Q. And if a patient is suffering from drug withdrawal, is that something that a -- or I'm sorry, if the patient is identified as having a drug withdrawal, is that something a registered nurse can treat on her own without supervision by a medical provider? 19 A. <b>If she has protocols that allow her to provide certain services and care, she can provide within the scope of those protocols.</b> 22 Q. And MEnD has protocols that address drug withdrawal? 24 A. <b>Correct.</b> 25 Q. Does MEnD have a specific drug protocol on	Page 54  1 BY MR. STORMS: 2 Q. So with respect to withdrawal, drug withdrawal, as to the nurses, the nurses have a protocol that's akin to a standing order that they can refer to? 6 A. <b>It's not a standing order but they do have a protocol that they can use for care of those patients.</b> 9 Q. What is it that technically distinguishes the protocol from a standing order? 11 A. <b>I mentioned this earlier, my definition of a standing order is an order that allows a patient to have whatever treatment is on that standing order without medical intervention from anybody. I just don't categorize the two the same.</b> 17 Q. But through the protocol is the nurse given discretion how to treat a patient suffering from drug withdrawal? 20 A. <b>They are given parameters on certain tasks and things that they can do. I will tell you that most of the time if there is a patient who is exhibiting significant chemical withdrawal, there will be a medical provider involved. Not always, but if there is</b>

1 <b>significant chemical withdrawal oftentimes a 2    medical provider will be involved.</b> 3    Q. But it's the nurse's responsibility to get 4    that provider involved? 5    A. <b>When necessary, correct.</b> 6    Q. And the same would be true for suicide risk 7    assessment protocols? 8    A. <b>What would be? I'm sorry.</b> 9    Q. So there is a suicide risk assessment 10   protocol as well in your protocol manual? 11   A. <b>Correct.</b> 12   Q. And it's contingent upon the nurse to make 13   the decision about whether or not a medical 14   provider needs to get involved? 15   A. <b>They use the tools that they have at their 16   disposal to direct them in their tasks.</b> 17   Q. What are those tools at their disposal? 18   A. <b>Well, everything that you see within our 19   protocol, training, forms. They all play a 20   part in that process.</b> 21   Q. But the nurses are, with respect to suicide 22   screening, given discretion with respect to 23   whether or not to contact the medical 24   provider unless they meet a certain risk 25   assessment score; would that be true?	Page 57  1 <b>BY MR. STORMS:</b> 2    Q. Just with respect to reviewing your entire 3    policy and procedure manual, like other 4    documents we might read, sometimes you use 5    the word "must", sometime you use the word 6    "may", right? 7    A. <b>Oh, within our manual?</b> 8    Q. Correct. 9    A. <b>There are times where those two words are 10   both used, correct.</b> 11   Q. And "must" means what we would understand it 12   to mean in terms of plain language, it's 13   something the employee has to do? 14   A. <b>What they are directed to do.</b> 15   Q. "May" gives them discretion? 16   A. <b>Correct.</b> 17   Q. I'm handing you what's been marked as Exhibit 18   105. Are you familiar with this document? 19   A. <b>I am.</b> 20   Q. And did you assist in creating this document? 21   A. <b>Yes.</b> 22   Q. Was there anyone else who assisted you in 23   creating this document? 24   A. <b>I'm sure there was. I'm sure it was a team 25   effort.</b>
Page 58  1    A. <b>I don't think I'd categorize it that way. 2    They have, again, the protocols and training 3    that show them critical levels in those steps 4    but they have the discretion, even when 5    someone doesn't meet those criteria, they 6    could call whenever they would like if they 7    have any concerns.</b> 8    Q. But are they only required to contact a 9    medical provider if there is a total risk 10   assessment score that meets 36 points? 11   A. <b>No, I mean, there is an entire protocol that 12   lists out what they are supposed to do, 13   that's one of the steps.</b> 14   Q. And so it's your understanding that some of 15   those other protocols require contact of a 16   medical provider aside from the risk 17   assessment? 18   A. <b>Anyplace within our protocols where it deems 19   a nurse must consult with a medical provider, 20   they should.</b> 21 <b>MR. STORMS:</b> Will you mark that as 22   Exhibit 105? 23           (Exhibit Number 105 was 24   marked for identification.) 25	Page 59  1 <b>BY MR. STORMS:</b> 2    Q. Was this a document that is truly original in 3    nature or did you use something else as to 3    base it off of? 4    A. <b>It's a highbred of information that we have 5    found and information that we have created.</b> 6    Q. And you felt like it was unique enough to 7    copyright it? 8    A. <b>That was our opinion.</b> 9    Q. And according to this document, a total of 36 10   points or more requires intervention; is that 11   true? 12   A. <b>Yeah, it requires at minimum consultation 13   with medical provider.</b> 14   Q. Are there any specific documents that you can 15   identify or documents, policies, practices 16   that you used or reviewed to help you create 17   this document? 18   A. <b>I can't remember. It's been quite a long 19   time.</b> 20   Q. So just to make sure I understand this 21   clearly, in theory if somebody identified 22   that they were a plan in progress, that would 23   make them a high risk 10, correct? 24   A. <b>What do you mean by plan in progress?</b> 25   Q. For time?

<p>1 A. Got it. Correct.</p> <p>2 Q. And they could have, in terms of prior 3 attempts, they could have multiple serious 4 attempts and that would also be a 10?</p> <p>5 A. If we're aware of multiple serious attempts, 6 that would give them a 10 score.</p> <p>7 Q. And one of the ways MEnD could be aware of 8 that is through their own medical record 9 keeping?</p> <p>10 A. It could be any source. If we are aware of 11 multiple serious attempts and we're 12 reasonably certain of that fact, that's where 13 we'd get the information.</p> <p>14 Q. Sure. But one of the things that MEnD does 15 is maintain medical records for its inmates 16 or detainees for at least seven years, 17 correct?</p> <p>18 A. Correct.</p> <p>19 Q. And that's to provide continuity of care?</p> <p>20 A. In part. In part.</p> <p>21 Q. What other reasons?</p> <p>22 A. Regulated that we must.</p> <p>23 Q. You understand that medical records, one of 24 the purposes of keeping them, is to provide 25 continuity of care and to have a medical</p>	<p>Page 61</p> <p>1 BY MR. STORMS:</p> <p>2 Q. Well, so but on this form, this form only 3 requires a total of 36 -- or it requires a 4 total of 36 to mandate an intervention, 5 correct?</p> <p>6 A. A score of 36 demands intervention, you don't 7 need to have 36 to have intervention with a 8 patient.</p> <p>9 Q. Okay. So if somebody had three high risk 10 categories like that, even though this form 11 wouldn't require them, you would expect from 12 your practice that this patient's care would 13 be elevated to a provider or someone else?</p> <p>14 MR. NOVAK: Form, same objections.</p> <p>15 THE WITNESS: Again, what you 16 described as a hypothetical situation, 17 I've never seen. So I would never even 18 expect to be in that situation in the 19 first place. So if somebody had a score 20 less than 36, and the user still had 21 significant concerns about that patient, 22 they are absolutely allowed and 23 encouraged to reach out for any 24 assistance that they need.</p> <p>25</p>
<p>1 history?</p> <p>2 A. Oh, certainly.</p> <p>3 Q. And then with respect to depression, someone 4 could have major depression and hopelessness 5 and that would be a 10 as well?</p> <p>6 A. Again, if we deemed with reasonable certainty 7 that's what they have, then that's what we'd 8 score them as.</p> <p>9 Q. So in theory someone could have a plan in 10 progress, multiple serious attempts, and 11 major depression and hopelessness, but then 12 be scored a zero on everything else, and this 13 risk screening form would not require a 14 mandatory report to a medical provider?</p> <p>15 MR. NOVAK: I object to the form, 16 incomplete hypothetical, calls for 17 speculation. Go ahead.</p> <p>18 THE WITNESS: Yes, it has to be in 19 the context of an individual patient. 20 That hypothetical situation sounds 21 almost unattainable to me so -- I've 22 never seen that in medical practice, 23 somebody with that constellation of 24 scoring on this form.</p> <p>25</p>	<p>Page 62</p> <p>1 BY MR. STORMS:</p> <p>2 Q. Where does the number 36 come from?</p> <p>3 A. I don't remember the specifics of the 4 conversation but it was an activity that we 5 undertook years ago with my team of a mental 6 health director just in determining what 7 would be a reasonable score that would still 8 be appropriate and reliable and usable.</p> <p>9 Q. And these are performed by RNs?</p> <p>10 A. They can be used by registered nurses or 11 higher.</p> <p>12 Q. Based upon MEnD's typical practices, are they 13 typically performed by RNs?</p> <p>14 A. I don't know if I'd use the word typically. 15 But they are often used by registered nurses.</p> <p>16 Q. And an RN is not considered under Minnesota 17 law to be a qualified mental health provider, 18 correct?</p> <p>19 A. Correct.</p> <p>20 Q. And with respect to the time that you as a 21 medical doctor spend in clinic with patients 22 in Minnesota, it would be fair to 23 characterize that as 10 percent or less?</p> <p>24 A. Direct face-to-face patient care?</p> <p>25 Q. Yes.</p>

1 A. I think that's a fair assessment. 2 Q. Are there any counties in Minnesota where you 3 are thee medical provider for that jail? 4 A. The primary medical provider? 5 Q. Yes. 6 A. No. 7 Q. When is the last time you would have been a 8 primary medical provider for a jail in 9 Minnesota? 10 A. I can't give you an exact answer on that. 11 Q. When was the last time you reviewed the 12 contract with Sherburne County Jail? 13 A. In what way do you mean? 14 Q. When was the last time you actually reviewed 15 the formal contract? 16 A. Read through it? 17 Q. Yes. 18 A. I wouldn't know. I don't know. I can't 19 recall. 20 Q. I am just going to take it out for you since 21 this is tabbed separately. I'm going to hand 22 you what was marked as Sherburne Exhibit 23 Number 3, starting at Sherburne 1788. Please 24 take an opportunity to review that. 25 A. Is there anything in particular you want me	Page 65  1 Q. Now, the testimony from Mr. Carr was that 2 there is not a licensed physician coming to 3 the facility on a monthly basis. Would you 4 disagree with that testimony? 5 A. Yeah, I can't speak for Pat Carr. I've 6 answered that question already. 7 Q. Do you believe you come on a monthly basis? 8 A. Correct. 9 Q. My understanding of your prior testimony was 10 that at a minimum once every three months? 11 MR. NOVAK: I object to the form, 12 misstates the prior testimony. 13 THE WITNESS: So I'm telling you 14 that I come to Sherburne County Jail 15 facility on average at least once a 16 month. That is my testimony. 17 BY MR. STORMS: 18 Q. And if Janell Hussain provided contrary 19 testimony, she'd be incorrect as well? 20 MR. NOVAK: I object to the form, 21 misstates the testimony. 22 THE WITNESS: Again, I won't speak 23 to her testimony but what I will tell 24 you is every time I'm in that facility, 25 I may be working a different person, I
Page 66  1 to review of this? 2 Q. Well, at first I just want to confirm that 3 that is the existing contract with Sherburne 4 County? 5 A. This is the most recent written agreement 6 that we have between Sherburne County and 7 MEnD. 8 Q. And that's from 2014? 9 A. Correct. 10 Q. And I'd like to turn your attention, you will 11 see there are these Bates numbers, that's the 12 little numbers below the box there, where it 13 says Sherburne 01788? 14 A. Okay. 15 Q. I'd like to turn your attention to Sherburne 16 01793. 17 A. Okay. 18 Q. And please review Section 1.18.1. 19 A. Okay. Okay. 20 Q. Did you review that provision in preparation 21 for today's deposition? 22 A. I don't know if I recall that specific 23 section. 24 Q. Are you aware of this specific section? 25 A. I'm aware of it.	Page 66  1 may be working with some people certain 2 visits, others other visits. And as I 3 stated before, I work directly with 4 Janell Hussain on a very frequent basis. 5 BY MR. STORMS: 6 Q. Just so I'm clear, it's your testimony that 7 you are physically at the Sherburne County 8 Jail at least on a monthly basis? 9 A. As I've answered, on average I'm there at 10 least once a month. 11 Q. So when you say on average, does that mean 12 you could go three times in January but then 13 not go again in February and March? 14 A. I'm not saying that at all. I'm just saying 15 on average I'm there at least once a month. 16 I wouldn't be able to give you that specific. 17 Q. Do you document your visits in any fashion? 18 A. In what manner? 19 Q. In any manner. Is there any documents we can 20 look at to confirm your testimony that you 21 are there on a monthly basis? 22 A. I don't know. 23 Q. Well, you would be the one making the 24 documents, correct? 25 A. I would need to know what documents you mean,

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<p>1   <b>that's my problem. I don't know what you</b> 2   <b>mean by documents so I don't know the answer</b> 3   <b>to that.</b></p> <p>4 Q. I don't know what you create. So do you 5    create some document that reflects your 6    monthly visit to the Sherburne County Jail?</p> <p>7 A. <b>I don't have a log sheet of my visits, if</b> 8   <b>that's what you are asking. I don't have</b> 9   <b>that.</b></p> <p>10 Q. Do you maintain an Outlook calendar?</p> <p>11 A. <b>I have an Outlook calendar but it's not --</b> 12   <b>it's not accurate to every facility I go to.</b> 13   <b>It's more of for big events, events that</b> 14   <b>would be conflicts for other day-to-day</b> 15   <b>activities, events that people would know</b> 16   <b>that I'm unavailable, that sort of thing.</b> 17   <b>But it's not a calendar that shows my every</b> 18   <b>whereabouts.</b></p> <p>19 Q. Do you create medical records when you go on 20   your monthly visits to the Sherburne County 21   Jail?</p> <p>22 A. <b>It depends on the visit.</b></p> <p>23 Q. Sometimes you do?</p> <p>24 A. <b>Sometimes I do.</b></p> <p>25 Q. If you created a medical record, how would we</p>	<p>1   <b>A. Not typically. Not typically.</b></p> <p>2 Q. So the only way we could prove that would 3   just be by your word?</p> <p>4 A. <b>I don't know the answer to that.</b></p> <p>5 Q. I mean, you are the doctor, you are the one 6   who makes medical records, not me. So is 7   there anything other than your word that 8   would prove that you reviewed a chart of a 9   patient?</p> <p>10 A. <b>I don't know the answer to that.</b></p> <p>11 Q. There is nothing --</p> <p>12 A. <b>I know what I have done, I don't know the</b> 13   <b>answer to that question.</b></p> <p>14 Q. You can't identify anything when you do a 15   review of a random review of files that you 16   create on a consistent basis?</p> <p>17 A. <b>A file that I create from that review?</b></p> <p>18 Q. Correct.</p> <p>19 A. <b>Not off the top of my head.</b></p> <p>20 Q. And have you ever had a conversation with 21   Commander Carr about whether or not you are 22   in fact coming on a monthly basis to the 23   Sherburne County Jail?</p> <p>24 A. <b>Not that I can recall.</b></p> <p>25 Q. I'll take that back from you.</p>
Page 70	Page 72
<p>1   know that?</p> <p>2 A. <b>It would be in eMDs.</b></p> <p>3 Q. And it would reflect -- there are documents 4   in eMDs that would reflect you providing 5   primary care to inmates at Sherburne County 6   Jail?</p> <p>7 A. <b>There would be some, yes.</b></p> <p>8 Q. And that's part of a monthly standard 9   practice for you?</p> <p>10 A. <b>I'm not sure --</b></p> <p>11 Q. Or are you going and providing primary care 12   to inmates on a monthly basis at Sherburne 13   County Jail?</p> <p>14 A. <b>I could be providing direct face-to-face</b> 15   <b>care, I could be providing indirect care, I</b> 16   <b>could be providing consultation to staff on a</b> 17   <b>very frequent basis. It just depends on the</b> 18   <b>situation and the case.</b></p> <p>19 Q. And would you go and review chart files 20   yourself?</p> <p>21 A. <b>Yeah. We discussed this earlier, that</b> 22   <b>periodically I would do random chart reviews</b> 23   <b>of patients within Sherburne County Jail.</b></p> <p>24 Q. Would you create documents reflecting that 25   you did those chart reviews?</p>	<p>1   <b>MR. NOVAK:</b> What exhibit was that, 2   Jeff?</p> <p>3   <b>MR. STORMS:</b> It was Sherburne 4   Exhibit Number 3.</p> <p>5   <b>MR. NOVAK:</b> Is that part of our 6   kind of ongoing number we're using?</p> <p>7   <b>MR. STORMS:</b> It's outside of it.</p> <p>8   <b>MR. NOVAK:</b> It's outside of it.</p> <p>9   Okay. That's all I was checking.</p> <p>10 <b>BY MR. STORMS:</b></p> <p>11 Q. Now, my understanding -- let's go back. Do 12   you carry an iPhone or some other portable 13   electronic device, I assume?</p> <p>14 A. <b>I have a cell phone.</b></p> <p>15 Q. And you receive emails on that?</p> <p>16 A. <b>I can receive emails on it, sure.</b></p> <p>17 Q. Do you receive emails on it?</p> <p>18 A. <b>Sure.</b></p> <p>19 Q. Has that been the case since 2017?</p> <p>20 A. <b>I'm assuming so. I can't swear to that but</b> 21   <b>I'm assuming so.</b></p> <p>22 Q. And you'd receive those emails through your 23   MEnD account?</p> <p>24 A. <b>One of them, yes.</b></p> <p>25 Q. Do you have several MEnD accounts, email</p>

1 accounts? 2 A. No. 3 Q. Do you have a separate email account for the 4 Todd Leonard Consulting? 5 A. Yes. 6 Q. What is that email address? 7 A. <b>Leonardconsulting@yahoo.com.</b> 8 Q. And do you use either a laptop or a desktop 9 at home? 10 A. <b>Oh, at times, sure.</b> 11 Q. Which is it, a laptop or a desktop? 12 A. <b>Laptop.</b> 13 Q. What kind of laptop? 14 A. <b>I currently have a Lenovo.</b> 15 Q. And how long have you had that for? 16 A. <b>A couple of years. I don't know.</b> 17 Q. Since 2017? 18 A. <b>No, I think I got it -- I don't know. I 19 don't know the answer to that.</b> 20 Q. What type of device did you have before the 21 Lenovo? 22 A. <b>I don't recall.</b> 23 Q. Did you have a different home device? 24 A. <b>I had a different laptop.</b> 25 Q. What did you do with that laptop?	Page 73  1 <b>have some performance issue, you can ask 2 their assistance with it.</b> 3 Q. So the laptop you had before the Lenovo 4 laptop, is that something you would have 5 turned over to Marco or would you have just 6 thrown it in the garbage? 7 A. <b>It wouldn't have been turned over to Marco, 8 it would have just been discarded in the 9 appropriate way you discard a laptop.</b> 10 Q. How do you do that? 11 A. <b>It may have been in the garbage, it may have 12 been through the vendor I purchased it, I 13 don't recall. I just don't recall.</b> 14 Q. And you don't know how long ago that would 15 have been? 16 A. <b>I don't.</b> 17 Q. And your home laptop, do you receive your 18 MEnD emails on that laptop as well? 19 A. <b>Yes, I can receive emails on that laptop.</b> 20 Q. And can you access eMDs through that laptop? 21 A. <b>Yes.</b> 22 Q. And is that the same laptop that you would 23 then use at your office or do you have a 24 different computer at your office? 25 A. <b>I have a desktop at my office.</b>
1 A. <b>It's probably destroyed, garbage.</b> 2 Q. So you would have just thrown it in the 3 garbage? 4 A. <b>We would have -- what is the word I'm trying 5 to look for -- discarded it as one would 6 normally do.</b> 7 Q. When you say "we" are you talking about you 8 would have discarded that through working 9 with MEnD or just individually? 10 A. <b>I don't even know the answer to that 11 question. It just would have been the course 12 of business, day-to-day business.</b> 13 Q. I understand that. Do you have an IT person 14 you work with at MEnD? 15 A. <b>We don't have an IT person, we work with 16 Marco.</b> 17 Q. Is that a company or a person? 18 A. <b>A company.</b> 19 Q. They provide IT services? 20 A. <b>Yeah. I mean, they help us in a number of 21 ways.</b> 22 Q. Do you give them your laptops to, you know, 23 download what you need to have downloaded, 24 things like that? 25 A. <b>They set them up at the beginning and if you</b>	Page 74  1 Q. And do you know the current brand of your 2 desktop? 3 A. <b>HP.</b> 4 Q. How long have you had that desktop for? 5 A. <b>I don't know if I can give you a specific 6 answer but it's less than a year old.</b> 7 Q. What did you do with the prior desktop? 8 A. <b>I don't recall. I don't recall if I still 9 have it or not.</b> 10 Q. Do you use backup drives for your computers? 11 A. <b>The only thing I've done is used an external 12 hard drive just for important documents.</b> 13 Q. How long have you had that for? 14 A. <b>I don't know specifically. Approximately a 15 year.</b> 16 Q. Is there a backup system at your corporate 17 offices? 18 A. <b>When you say backup system, what do you mean?</b> 19 Q. Yeah. Is there something that backs your 20 system up? For example, if your computers 21 crashed, is there sort of a network-wide 22 backup system for your documents? 23 A. <b>I don't know the specific answer to that. I 24 don't know.</b> 25 Q. Who would know that? Would that be Marco?

1 A. <b>They may.</b> 2 Q. Is Marco M-A-R-C-O? 3 A. <b>Correct.</b> 4 Q. And with respect to email systems, do you use 5 Microsoft Outlook? 6 A. <b>Correct.</b> 7 Q. Did you personally go into your Microsoft 8 Outlook and search for emails as part of this 9 case? 10 A. <b>I had my business office manager and Marco</b> 11 <b>assist in trying to find emails related to</b> 12 <b>this case.</b> 13 Q. And did they find any? 14 A. <b>I'm assuming they found whatever you've</b> 15 <b>gotten.</b> 16 Q. Have you ever personally looked in your 17 computer to see what emails you had related 18 to this case? 19 A. <b>I allowed my business office manager to do it</b> 20 <b>in relation to all of the emails that we were</b> 21 <b>trying to search and find. So it was part of</b> 22 <b>one, I guess, endeavor exhaustive search.</b> 23 Q. I'm asking you if you've ever personally went 24 and looked through your emails? 25 A. <b>I don't recall if I -- looked for emails</b>	1 <b>MR. NOVAK:</b> I object to the form. 2 <b>THE WITNESS:</b> I'm still not 3 following. I get an email from a 4 sheriff county -- or a Sherburne County 5 Sheriffs Department that's supposed to 6 be an FYI to me, it's not something that 7 is a medical record for me. 8 <b>BY MR. STORMS:</b> 9 Q. What is your understanding of why you are 10 getting that FYI? 11 A. <b>Literally as an FYI, just keeping me in the</b> 12 <b>loop.</b> 13 Q. And why is it important that you be in the 14 loop? 15 A. <b>I don't know specifically why they include me</b> 16 <b>in that list, but I was told it was just an</b> 17 <b>FYI.</b> 18 Q. And so when you get a segregation notice from 19 Sherburne County Jail, do you read it? 20 A. <b>It depends on the situation. If it's a</b> 21 <b>patient that I'm interested in, I may.</b> 22 Q. So some of them you'll delete without even 23 reading the email? 24 A. <b>I'll read the email, and some I will delete</b> 25 <b>after that.</b>
1 <b>specific to this case?</b> 2 Q. Correct. 3 A. <b>I don't recall. I just don't recall if I</b> 4 <b>looked for any particular email or not.</b> 5 Q. Do you delete your emails on a daily basis? 6 A. <b>I don't know how to answer that. I delete</b> 7 <b>emails on a regular basis? I'm not sure what</b> 8 <b>you are asking, I'm sorry.</b> 9 Q. Well, you receive, for example, segregation 10 notices from the Sherburne County Jail, 11 correct? 12 A. <b>Correct.</b> 13 Q. How long do you keep those for? 14 A. <b>Usually same day I delete. They are an FYI</b> 15 <b>to me so that's how I --</b> 16 Q. So you delete the patient record of a 17 segregation notice on the same day you get 18 it? 19 <b>MR. NOVAK:</b> I object to the form. 20 <b>THE WITNESS:</b> I'm not even sure 21 what you are asking. I'm sorry. 22 <b>BY MR. STORMS:</b> 23 Q. Well, you get a segregation notice directed 24 to you, you are a doctor and they are a 25 patient, correct?	1 Q. Do you ever act on the segregation notices 2 you receive from Sherburne County Jail? 3 A. <b>On occasion. On occasion.</b> 4 Q. Who is supposed to be acting on them? 5 A. <b>Well, they are directed mainly to our</b> 6 <b>clinical personnel that are on site that work</b> 7 <b>within Sherburne County Jail day in and day</b> 8 <b>out, that's the primary audience to those</b> 9 <b>emails.</b> 10 Q. Did you ever personally go and look to see if 11 you were in possession of a segregation 12 notice related to Dylan Brenner? 13 A. <b>We would have in the pursuit of all emails</b> 14 <b>related to Dylan Brenner.</b> 15 Q. I'm asking you. Did you ever personally look 16 in your computer to see if you received that 17 segregation notice? 18 A. <b>Me personally alone? I don't know if I ever</b> 19 <b>did that. I can tell you that as a team we</b> 20 <b>most certainly did.</b> 21 Q. So in terms of retrieving documents, have you 22 ever personally went into your computer to 23 look for documents related to Dylan Brenner? 24 A. <b>Ever?</b> 25 Q. Yes.

<p style="text-align: right;">Page 81</p> <p>1 A. I don't know. I may have. I don't know. It 2 would depend on something more specific. 3 Q. Well, you understand there are discovery 4 obligations in this case, correct? 5 A. Absolutely. 6 Q. And you understand that you've been sued in 7 both your official capacity on behalf of MEnD 8 and in your individual capacity? 9 A. Yes, I'm aware of that. 10 Q. And what have you personally done in your 11 official capacity, because we're going to 12 have an individual deposition, too, but in 13 your official capacity on behalf of MEnD, 14 what have you personally done to ensure that 15 your emails have been reviewed? 16 A. I cooperated with my team every step of the 17 way ensuring that they did an exhaustive 18 search of my email account. 19 Q. So you gave them access to your email 20 account? 21 A. I did. 22 Q. And who would that have been? 23 A. Traci Newman and Marco. And I don't know who 24 else would have been involved in that beyond 25 those two.</p>	<p style="text-align: right;">Page 83</p> <p>1 to this endeavor today because that's what I 2 let them do with my team with Traci Newman 3 and Marco and whoever else was involved with 4 those two folks so -- 5 Q. Did Marco -- what is your understanding of 6 what Marco did as a search for documents that 7 were requested? 8 A. I don't have every specific of what they did, 9 I just know they did an exhaustive good faith 10 effort search working with my team. 11 Q. I'm going to refer you to page six of the 12 deposition notice. 13 A. Okay. 14 Q. And first I'm going to refer you to topic 15 number 30, the steps, actions, and efforts 16 MEnD took to preserve documents and other 17 information relative to Dylan Brenner. Are 18 you prepared to provide that testimony today? 19 A. Yes. 20 Q. Did you review documents in preparation to 21 provide that testimony? 22 A. Review documents related to number 30? 23 Q. Correct. 24 A. I'm not sure how to answer that. I mean, I 25 reviewed the documents that have been</p>
<p style="text-align: right;">Page 82</p> <p>1 Q. So on behalf of MEnD did you ever personally 2 search for anything in any computer related 3 to Dylan Brenner? 4 A. Again, I've answered this. We worked as a 5 team, I was directing the staff that I 6 thought would be best for these tasks and 7 tried to stay organized in that fashion. So 8 in that way, that's how I was involved. 9 Q. And I want to make sure I'm clear, though. 10 You've never personally gone into any 11 computer and looked for documents related to 12 Dylan Brenner? 13 MR. NOVAK: I object to the form. 14 THE WITNESS: I never looked in 15 anybody else's email account personally. 16 I worked with my office manager and 17 Marco in that search but I wasn't 18 personally hitting the keys and doing 19 the search myself. 20 BY MR. STORMS: 21 Q. With respect to your own emails? 22 A. Again, I've already answered this. I don't 23 know if I've ever looked in my email account 24 for an email regarding Dylan Brenner. I 25 certainly haven't done that in relationship</p>	<p style="text-align: right;">Page 84</p> <p>1 produced. I can't tell you how -- I don't 2 know how to answer that. 3 Q. Well, did MEnD ever make efforts to preserve 4 video related to Dylan Brenner that you are 5 aware of? 6 A. In what regard? 7 Q. Any video of Dylan Brenner, are there any 8 actions that MEnD took in an attempt to 9 preserve video? 10 A. We wouldn't have control over any video of 11 Dylan Brenner. 12 Q. Are you aware of the fact that Dylan Brenner 13 was housed in a cell that was monitored by 14 video? 15 A. For a portion of his time in Sherburne County 16 Jail, correct. 17 Q. Did MEnD ever make any efforts to preserve 18 that video? 19 A. It's not our video, that's Sherburne County's 20 ownership of that video. So they have to 21 decide what they are going to do with that 22 video, I can't direct them. 23 Q. Well, did MEnD ever make any efforts to 24 review that video? 25 A. I don't believe I ever reviewed that video</p>

<p>1     given the nature of the case and what I was 2     reviewing regarding his care.</p> <p>3 Q. Did anyone from MEnD ever discuss with 4     Sherburne County whether or not that video 5     would be preserved?</p> <p>6 A. I don't know if we had a specific discussion 7     related to Dylan Brenner. I don't recall.</p> <p>8 Q. After Dylan Brenner committed suicide what 9     steps were taken to preserve emails related 10    to Dylan Brenner?</p> <p>11 A. Can you repeat that?</p> <p>12 Q. After Dylan Brenner committed suicide what 13    action did MEnD take to preserve emails 14    related to Dylan Brenner?</p> <p>15 A. Standard operating procedure. I'm not sure 16    what you are asking.</p> <p>17 Q. What is that, what is your standard operating 18    procedure for the retention of documents at 19    MEnD with respect to emails?</p> <p>20 A. We have -- in regard to our use of Outlook we 21    have a 50-gig max capacity in your email. 22    And then if you are a previous employee, I 23    think they are retained for 30 days.</p> <p>24 Q. Where is this 50-gig max stored, is there a 25    server at your corporate office?</p>	<p>1     this direction. So were servers searched?</p> <p>2 A. Again, I don't know the title of the area 3    where emails are stored, if it's a server or 4    it's another title. I know that's where they 5    searched, where these emails would be stored.</p> <p>6 Q. Okay. And you don't have an understanding of 7    what was searched, though, with any 8    technicality?</p> <p>9 A. Not to the level of that detail, no.</p> <p>10 Q. To what level of detail then?</p> <p>11 A. If it's considered a server or was considered 12    another term, I know it's the storage area 13    for our emails was searched and searched 14    exhaustively.</p> <p>15 Q. By Marco?</p> <p>16 A. By Marco and my office manager, Traci Newman. 17    And if there was others involved, I just 18    don't recall their names.</p> <p>19 Q. And what other specific steps did MEnD take 20    to look for emails?</p> <p>21 A. I'm not sure what you are asking. That was 22    -- that was a process in and of itself that 23    was quite exhaustive. I mean, I'm not sure 24    what else you are asking.</p> <p>25 MR. NOVAK: He's just asking if</p>
<p>Page 86</p> <p>1 A. I'm not -- I'm not intimately knowledgeable 2    about how that is stored. I know that we 3    have a Microsoft exchange email system, I 4    believe it's called, but beyond that I don't 5    know the intricacies of how that's stored.</p> <p>6 Q. Is there a written policy with respect to the 7    storage of email information at MEnD?</p> <p>8 A. I don't believe we have a written policy to 9    that particular.</p> <p>10 Q. So you've also been identified on topic 11    number 31, steps, actions, and efforts MEnD 12    took to search for and retrieve documents and 13    other information responsive to discovery 14    requests in this lawsuit. Are you prepared 15    to provide that testimony?</p> <p>16 A. Yes.</p> <p>17 Q. So was the server searched with respect to 18    emails as to Dylan Brenner?</p> <p>19 A. Again, I directed my business office manager 20    to work with Marco to search wherever they 21    could search exhaustively, good faith 22    efforts, to find any emails that related to 23    Dylan Brenner.</p> <p>24 Q. Okay. I understand what you said, now I'm 25    asking what actually happened. So you gave</p>	<p>Page 88</p> <p>1     there is anything else. Anything else 2    beyond what you've already testified to.</p> <p>3    <b>THE WITNESS:</b> I don't believe there 4    is anything else other than that because 5    that was a significant undertaking, a 6    tremendous undertaking.</p> <p>7    <b>BY MR. STORMS:</b></p> <p>8 Q. So you have an understanding that all emails 9    from the Sherburne County Jail by MEnD 10    employees were ordered to produce from 11    October 6th and 7th?</p> <p>12 A. You'd have to repeat that question.</p> <p>13 Q. Do you have an understanding that it was 14    ordered by the court that all emails from 15    MEnD employees at the Sherburne County Jail 16    from October 6th and 7th be produced?</p> <p>17 A. All emails or all emails related to Dylan 18    Brenner?</p> <p>19 Q. All emails.</p> <p>20 A. I don't know if I'm aware of that 21    particularly. I know that there was a 22    significant search for any emails that could 23    be related to Dylan Brenner.</p> <p>24 Q. Were all emails from the Sherburne County 25    Jail from October 6th and 7th searched for</p>

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<p>1 and produced?</p> <p>2 A. <b>Anything that we have the ability to search, absolutely.</b></p> <p>4 Q. So how was it that MEnD went about getting all emails from October 6th and 7th from the Sherburne County Jail to produce?</p> <p>7 A. <b>So we would search any mendcare.com email account that would have been related to care during that time, and that would have been in conjunction with my business office manager and Marco.</b></p> <p>12 Q. How were those searched? For the October 6th and 7th emails specifically what was searched?</p> <p>15 A. <b>I don't know if I can give you a complete list but I know as part of it, at minimum, it related to keyword searching, I know it related to going to those specific dates. Beyond that I can't give you every level of detail of how they conducted that.</b></p> <p>21 Q. Do you know what keywords were searched?</p> <p>22 A. <b>I don't remember the complete list.</b></p> <p>23 Q. Was there an email that you saw with that list on it?</p> <p>25 A. <b>I'm sorry, I don't understand.</b></p>	<p>1 A. <b>We are not allowed to search Sherburne County servers. That has to be done through Sherburne County Sheriffs Department. But we are able to search all mendcare.com email accounts because that's under our control.</b></p> <p>6 Q. Is there a separate server specifically at the Sherburne County Jail for MEnD emails?</p> <p>8 A. <b>No, there is not.</b></p> <p>9 Q. And does MEnD storage capacity automatically erase once it gets to the 50 gigs?</p> <p>11 A. <b>As I understand it, it starts to -- and I don't remember the term for this -- but it starts to take oldest emails away if you go beyond 50 gigs. That's my understanding.</b></p> <p>15 Q. And when was the first time that you would have done this exhaustive search for Dylan Brenner's emails?</p> <p>18 A. <b>I don't remember the exact day but it was whenever we were instructed to do so.</b></p> <p>20 Q. After the court ordered you to do so?</p> <p>21 A. <b>To search for emails related to Dylan Brenner?</b></p> <p>23 Q. Correct.</p> <p>24 A. <b>I believe so.</b></p> <p>25 Q. Are you aware of the fact that the court</p>

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<p>1 Q. Was there an email with a list? In what form was this list?</p> <p>3 A. <b>An email with that list, I just don't understand, I'm sorry.</b></p> <p>5 Q. Of search terms. For the search terms is there a writing somewhere, whether it's an email or another document, reflecting the search terms that were used?</p> <p>9 A. <b>That I don't know. I don't know.</b></p> <p>10 Q. Is there a search --</p> <p>11 A. <b>I don't know if there was something retained. I don't know.</b></p> <p>13 Q. Is there a server that is separate from the server at your headquarters compared to the server at Sherburne County Jail?</p> <p>16 MR. NOVAK: I object to the form.</p> <p>17 THE WITNESS: I'm not understanding the question. I'm sorry.</p> <p>19 BY MR. STORMS:</p> <p>20 Q. Are there separate servers? Is there a server at your headquarters for MEnD that differs from the server at the Sherburne County Jail?</p> <p>24 A. <b>I'm sure there is.</b></p> <p>25 Q. Were they both searched?</p>	<p>1 issued monetary sanctions against MEnD for failure to search prior to that?</p> <p>3 A. <b>I'm not an attorney, I don't know the specifics of what all that entails. I just know there is something related to that.</b></p> <p>6 Q. You understand that MEnD got sanctioned in this case?</p> <p>8 A. <b>Again, I'm not an attorney but I know there is something along those lines that --</b></p> <p>10 Q. And this exhaustive search occurred after that?</p> <p>12 A. <b>After what?</b></p> <p>13 Q. After the sanctions that were issued by the court?</p> <p>15 MR. NOVAK: I object to the form.</p> <p>16 THE WITNESS: I don't know the specific timing of -- and these searches were an ongoing process so I can't give you the exact dates. But they were an ongoing process in good faith.</p> <p>21 BY MR. STORMS:</p> <p>22 Q. Were they in good faith before or after the court issued sanction?</p> <p>24 A. <b>I just answered that. I don't know the exact dates of when all these things took place. I</b></p>

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<p>1     <b>just can't recall the exact dates.</b></p> <p>2 Q. Were there communications between MEnD and 3 Marco related to doing the searching?</p> <p>4 A. <b>What do you mean by communications?</b></p> <p>5 Q. Are there emails with Marco explaining the 6 parameters of the searching that would need 7 to be done for these documents?</p> <p>8 A. <b>I don't recall.</b></p> <p>9 Q. Who engaged in those communications on MEnD's 10 behalf with Marco with respect to the 11 searching?</p> <p>12 A. <b>Primarily Traci Newman.</b></p> <p>13         <b>MR. STORMS:</b> On the record I'm 14 going to reserve the right to keep 15 categories 30 and 31 open with respect 16 to the information we're seeking in 17 those categories.</p> <p>18         <b>MR. NOVAK:</b> We obviously would 19 object to that. We'll sort it out later 20 if we need to.</p> <p>21 <b>BY MR. STORMS:</b></p> <p>22 Q. Now, my understanding is in 2017 you would 23 have been providing service to over 30 24 counties in Minnesota?</p> <p>25 A. <b>In 2017?</b></p>	<p>1 A. <b>Not that I'm aware of.</b></p> <p>2 Q. What were the political issues you are aware 3 of?</p> <p>4 A. <b>I don't know any details other than what I 5 just told you because they wouldn't share any 6 more details with me. My belief is it's an 7 issue between CentraCare, the health care 8 system up there, and the Stearns County 9 board.</b></p> <p>10 Q. So --</p> <p>11 A. <b>But I don't know any other detail other than 12 that.</b></p> <p>13 Q. So if we depose a representative from Stearns 14 County, you would not expect them to say that 15 it was as a result to the number of suicides 16 at the Stearns County Jail?</p> <p>17 A. <b>I would not expect them to say that, no.</b></p> <p>18 Q. Why did Benton County terminate services?</p> <p>19 A. <b>Typically Stearns and Benton go hand in hand 20 and at that time I believe CentraCare was 21 working basically with both counties, but I 22 don't know any other details on that.</b></p> <p>23 Q. Are you able to give an approximation of the 24 number of employees working for MEnD in 25 October of 2017?</p>
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<p>1 Q. Yes.</p> <p>2 A. <b>Correct.</b></p> <p>3 Q. And --</p> <p>4 A. <b>I'm sorry, say that question again?</b></p> <p>5 Q. My understanding is that in 2017 that MEnD 6 would have been providing service to over 30 7 counties in Minnesota?</p> <p>8 A. <b>I don't know if I can specifically say over 9 30 but it would have been -- it would have 10 been approximately 30.</b></p> <p>11 Q. Has MEnD services been terminated ever by a 12 county?</p> <p>13 A. <b>We've had two counties.</b></p> <p>14 Q. Which counties were those?</p> <p>15 A. <b>Stearns County and Benton County, Minnesota.</b></p> <p>16 Q. Did Stearns County give a reason for the 17 termination?</p> <p>18 A. <b>I believe the verbiage used to me was we 19 really appreciate your services but there are 20 political issues in this county and you are 21 political collateral damage.</b></p> <p>22 Q. Did those political issues have to do with 23 the fact there were at least three suicides 24 while MEnD was providing services at Stearns 25 County?</p>	<p>1 A. <b>Yeah, it would have been approximately 150.</b></p> <p>2 Q. And are you able to give an estimate of the 3 annual number of patients that MEnD saw in 4 2017 on a weekly basis?</p> <p>5 A. <b>I can give you an estimate daily and then we 6 can just use math.</b></p> <p>7 Q. Sure.</p> <p>8 A. <b>An estimate would have been approximately 340 9 a day, and that can include anything from 10 minor encounters on up.</b></p> <p>11 Q. Just in Minnesota?</p> <p>12 A. <b>That would have been the whole company.</b></p> <p>13 Q. And now MEnD -- when did MEnD first start 14 using the eMD system?</p> <p>15 A. <b>The eMD system was actually chosen prior to 16 my arrival at Sherburne County Jail, so it's 17 been in use -- or it was decided on its use I 18 believe back in 2006.</b></p> <p>19 Q. Is Sherburne County the only location where 20 MEnD uses eMDs?</p> <p>21 A. <b>Correct.</b></p> <p>22 Q. Does MEnD otherwise use any electronic 23 medical record keeping?</p> <p>24 A. <b>We have another vendor that we work with in a 25 couple of our facilities.</b></p>

<p style="text-align: right;">Page 97</p> <p>1 Q. Which is the other vendor?</p> <p>2 A. <b>Fusion Centricity.</b></p> <p>3 Q. And so throughout the entire time that MEnD</p> <p>4 has provided services at Sherburne County</p> <p>5 it's been utilizing the eMD system?</p> <p>6 A. <b>In one form or another, correct.</b></p> <p>7 Q. And is the eMD something that is able to be</p> <p>8 accessed remotely by you?</p> <p>9 A. <b>It has been for part of that time. I don't</b></p> <p>10 <b>recall when it went to cloud based, but at</b></p> <p>11 <b>some point it went cloud based and then I</b></p> <p>12 <b>could begin accessing it remotely.</b></p> <p>13 Q. Could you access it remotely in 2017?</p> <p>14 A. <b>I believe so.</b></p> <p>15 Q. Who else would have been given remote access</p> <p>16 to eMDs in 2017 for MEnD?</p> <p>17 A. <b>Any medical staff member from Sherburne</b></p> <p>18 <b>County Jail clinic who had a user account.</b></p> <p>19 Q. Now, you are familiar with Stella Essien?</p> <p>20 A. <b>Correct.</b></p> <p>21 Q. Essien?</p> <p>22 A. <b>Essien.</b></p> <p>23 Q. Essien.</p> <p>24 A. <b>Mm-hum.</b></p> <p>25 Q. So Stella Essien is someone who would have</p>	<p style="text-align: right;">Page 99</p> <p>1 inmates at the Sherburne County Jail?</p> <p>2 A. <b>Yep. And then she would have been expected</b></p> <p>3 <b>to garner her information, like many county</b></p> <p>4 <b>jails, from direct communication with the</b></p> <p>5 <b>staff there.</b></p> <p>6 Q. But she would not have had the ability to</p> <p>7 access historical medical records of</p> <p>8 patients?</p> <p>9 A. <b>Through the staff at the jail clinic she</b></p> <p>10 <b>would.</b></p> <p>11 Q. You mean orally?</p> <p>12 A. <b>Yeah, she could discuss any information that</b></p> <p>13 <b>she needed to perform her duties with the</b></p> <p>14 <b>clinic staff that were on site.</b></p> <p>15 Q. And that clinic staff would be registered</p> <p>16 nurses?</p> <p>17 A. <b>In part.</b></p> <p>18 Q. What else?</p> <p>19 A. <b>What?</b></p> <p>20 Q. You'd have health technicians, who else would</p> <p>21 be there that would be communicating with her</p> <p>22 as the on-call --</p> <p>23 A. <b>Oh, primarily direct communication with</b></p> <p>24 <b>Stella would have been through nursing staff.</b></p> <p>25 Q. So she has to rely upon, as the on-call</p>
<p style="text-align: right;">Page 98</p> <p>1 been a medical provider for MEnD?</p> <p>2 A. <b>Yes.</b></p> <p>3 Q. And she was not located primarily at</p> <p>4 Sherburne County?</p> <p>5 A. <b>Correct.</b></p> <p>6 Q. But she would take on-call shifts where she</p> <p>7 would have been the on-call medical provider</p> <p>8 for Sherburne County?</p> <p>9 A. <b>She would have been in that rotation,</b></p> <p>10 <b>correct.</b></p> <p>11 Q. It was her testimony that she was not</p> <p>12 provided access to the eMD system, is that</p> <p>13 your understanding, that she was not provided</p> <p>14 that access?</p> <p>15 A. <b>That's my understanding.</b></p> <p>16 Q. Why is it that the on-call providers for MEnD</p> <p>17 were not provided with access to the eMD</p> <p>18 system?</p> <p>19 A. <b>It's just a standard within our industry if</b></p> <p>20 <b>you are not primarily located at a site like</b></p> <p>21 <b>that, you are likely not going to have a user</b></p> <p>22 <b>account because you don't have regular</b></p> <p>23 <b>routine access to that system.</b></p> <p>24 Q. But she would be the direct medical provider</p> <p>25 during those on-call hours for all the</p>	<p style="text-align: right;">Page 100</p> <p>1 provider, to rely upon the nursing staff to</p> <p>2 give her the necessary historical information</p> <p>3 for the patient?</p> <p>4 A. <b>Yes. And that's very common in most</b></p> <p>5 <b>facilities.</b></p> <p>6 Q. Does the eMD system have the ability to have</p> <p>7 standing orders in place?</p> <p>8 A. <b>I don't know if it has that capability.</b></p> <p>9 Q. Have you personally worked with eMDs before?</p> <p>10 A. <b>Yes. Many times.</b></p> <p>11 Q. And you would create notes in eMD as both the</p> <p>12 primary provider but also as a supervising</p> <p>13 provider?</p> <p>14 A. <b>Depending on what time frame you are talking</b></p> <p>15 <b>about. So --</b></p> <p>16 Q. You've done both of those things, though?</p> <p>17 A. <b>Can you repeat the question again, though?</b></p> <p>18 Q. Yeah. You've created medical records in the</p> <p>19 eMD system in both your role as a primary</p> <p>20 provider but also as a supervising provider?</p> <p>21 <b>MR. NOVAK:</b> I object to the form.</p> <p>22 <b>THE WITNESS:</b> I don't know how to</p> <p>23 distinguish the two in terms of creating</p> <p>24 a document in eMDs, it's just not how I</p> <p>25 would categorize it. If I needed to</p>

1        create a document in eMDs, I will create 2        a document in eMDs in whatever capacity 3        I need to.  4 <b>BY MR. STORMS:</b> 5        Q. There are some medical records that are 6        created by nurses that require the 7        supervision of a medical provider? 8 <b>MR. NOVAK:</b> I object to the form, 9            incomplete hypothetical. 10 <b>THE WITNESS:</b> Can you repeat that 11        again?  12 <b>BY MR. STORMS:</b> 13      Q. There are some medical records that are 14      created by nurses that require signed 15      supervision by a medical provider? 16 <b>A. Yes, there are certain encounters that must 17      be signed off by a medical provider.</b> 18      Q. And you've signed off on documents like that 19      in the role as a medical provider? 20 <b>A. Yes.</b> 21      Q. But no one else needs to supervise your work 22      so if you were charting a note, you wouldn't 23      have somebody else sign off as your 24      supervisor? 25 <b>A. No. And neither would Janell Hussain or any</b>	Page 101  1        Q. And you have an understanding that Dylan 2        Brenner committed suicide in 2017? 3 <b>A. Correct.</b> 4        Q. So this automatic signing of your name was 5        going on for at least two years? 6 <b>MR. NOVAK:</b> I object to the form. 7 <b>THE WITNESS:</b> I don't know 8            specifically how long it's been going 9            on. What was happening was when a 10          person provided care in a facility and 11          they went to sign off, it would somehow 12          input my name instead of their name.  13 <b>BY MR. STORMS:</b> 14      Q. Who informed you of this? 15 <b>A. I don't recall who initially informed me. I 16      just don't recall which person it was.</b> 17      Q. And no one at the facility alerted you to the 18      fact that it was automatically signing your 19      name prior to that? 20 <b>A. Prior to when I was informed?</b> 21      Q. Correct. 22 <b>A. No. I mean, that's when I was informed and 23      that's when I understood what was happening.</b> 24      Q. Did you ever ask anybody why you weren't 25      informed of that earlier?
Page 102  1 <b>other medical provider.</b> 2        Q. So there is no situation where Janell Hussain 3        would need you to sign off in a supervisory 4        capacity? 5 <b>A. No.</b> 6        Q. But Janell Hussain would sign off on nurse's 7        charting notes in a supervisory capacity? 8 <b>A. Yes. There are certain notes that is 9        required for her to review and sign off, and 10        then there is others that are her discretion 11        whether she wishes to review.</b> 12        Q. Did you ever intentionally program the eMD 13        system to sign your name in a supervisory 14        capacity when you weren't actually reviewing 15        notes? 16 <b>A. Oh goodness no.</b> 17        Q. Are you aware of eMDs signing your name when 18        you were not actually providing work in a 19        supervisory capacity? 20 <b>A. I am aware of that now.</b> 21        Q. And you became aware of that as a result of 22        the Dylan Brenner case? 23 <b>A. I can't recall the exact timing, I just know 24        I became aware of it personally at some point 25        in 2019.</b>	Page 102  1 <b>A. I don't believe others understood what was 2        happening prior to that. I think it was very 3        real time, very -- that's my understanding.</b> 4        Q. Once you learned about it, did you make any 5        efforts to go back and conduct an audit to 6        determine how many patient files were 7        impacted by that? 8 <b>A. Yes. What we did is we tried to -- first we 9        just tried to understand what was happening. 10        And then using deduction, we determined what 11        was happening. Then we tried to understand 12        who it was affecting. And what we found was 13        it would happen sometimes, not happen 14        sometimes, and then we alerted the eMD's 15        vendor. 16        Q. So after you alerted the eMD's vendor, one, 17        did they explain to you what was happening? 18        What was your understanding of why this was 19        happening? 20        <b>A. I don't know if they've got a perfect answer 21        to that. This is an ongoing, you know, 22        service issue with them as we speak.</b> 23        Q. Were you personally involved in speaking with 24        eMDs? 25        <b>A. I don't know if I ever personally spoke to</b></b>

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<p>1      them. I know Diana VanDerBeek has spoken to 2      them many times. 3    Q. Is it still happening? 4    A. It is. 5    Q. So there are still records that are signed 6      off on your name even though you are not 7      providing the patient care? 8    A. Yeah, even though I'm not directly providing 9      that care. And we continue to try and push 10     eMDs to resolve this issue. 11    Q. Have you raised that concern with Sherburne 12     County? 13    A. They are aware. 14    Q. And has there been a resolution with MEnD and 15     Sherburne County? 16    A. Yeah. Sherburne County is actually in 17     negotiations, as we speak, with Fusion 18     Centricity to change the EMR vendor. 19    Q. So have you conducted an actual audit, 20     though, to see the number of files that have 21     been impacted by this? 22    A. I'm not sure what you mean audit. 23    Q. Meaning have you attempted to figure out how 24     many patient files have been impacted by 25     this?</p>	<p>1      <b>MR. NOVAK:</b> I object to form, 2      incomplete hypothetical. Go ahead. 3      <b>THE WITNESS:</b> Go ahead and repeat 4      the question and I'll give you my 5      answer. Sorry. 6      <b>BY MR. STORMS:</b> 7    Q. If medical records that were supposed to be 8      reviewed by a medical provider were not as a 9      result of this signature issue, you would 10     agree that impacts patient care? 11    A. If that were the case. But it's not the 12     case. 13    Q. Did you review Janell Hussain's deposition 14     transcript? 15    A. I did. 16    Q. And did you review the portion of her 17     transcript where she stated that no medical 18     provider was signing off on a number of those 19     documents that reflected your name? 20    A. I don't recall the specifics of her testimony 21     but I can tell you based on what I've found 22     in eMDs, two things, number one, all the 23     encounters and documents that must be signed 24     off, still are in place. Those had no issue 25     whatsoever. And then the other medical</p>
Page 106	Page 108
<p>1    A. I tried to figure that out and then we have 2      basically worked with eMDs for them to try 3      and take this and run with it and try to get 4      this resolved so we can get those signatures 5      back to the person that it should have been. 6    Q. So what is your understanding of how many 7      patient files at Sherburne County have been 8      impacted by this? 9      <b>MR. NOVAK:</b> I object to the form. 10     <b>THE WITNESS:</b> I don't have an exact 11     answer for you. And one other issue I 12     should mention with that is this issue 13     with this signature, it doesn't impact 14     care but it impacts the appearance of 15     the chart. 16     <b>BY MR. STORMS:</b> 17    Q. Why is it that you believe it doesn't impact 18     patient care? 19    A. Because you are able to do all the things 20     that you need to do on the eMD system that 21     it's capable of regardless of that issue. 22    Q. Now, if medical records that were supposed to 23     be approved by a different medical provider 24     were not actually being reviewed, you would 25     agree that would impact patient care?</p>	<p>1      records where it's at her discretion to 2      review, those still kept coming in. 3    Q. Which ones are the ones that must be 4      reviewed? 5    A. All health assessments, all documents where 6      watches have been put in place or changed or 7      discontinued, and all mental health 8      professional visits. I'm trying to recall 9      off the top of my head if there is anything 10     else. I just don't recall off the top of my 11     head. But those are the primary encounters 12     that must be reviewed by the medical 13     provider. 14    Q. Toxicology screens, do those need to be 15     reviewed by the medical provider? 16    A. Specifically like the results? 17    Q. Correct. 18    A. They don't need to be specifically reviewed 19     by the medical provider, the actual test 20     itself. 21    Q. And what about the plan stemming from a test, 22     does that have to be reviewed by the medical 23     provider? 24    A. Not necessarily. It depends on the visit, if 25     that nurse is required to have medical</p>

<p style="text-align: right;">Page 109</p> <p>1   <b>provider involvement.</b></p> <p>2 Q. Based upon protocols?</p> <p>3 A. <b>Based upon protocols and the scope of their</b>  <b>4 practice and any training procedures that we</b>  <b>5 have in place.</b></p> <p>6 Q. So as you sit here today you have no ability      7 to place a number on how many times your      8 signature has been incorrectly affixed to      9 patient medical records?</p> <p>10 A. <b>In place of the person who entered the note?</b></p> <p>11 Q. Correct.</p> <p>12 A. <b>I don't have a specific number for you.</b></p> <p>13 Q. So it could be 10,000 for all you know?</p> <p>14 A. <b>I don't believe it would be that high. I'd</b>  <b>15 have to do some math but I don't believe it</b>  <b>16 would be that high.</b></p> <p>17 Q. Well, if we did some math, you have -- how      18 many patients are seen on average on a daily      19 basis at Sherburne County?</p> <p>20 A. <b>There would be on average 50 to 60 in some</b>  <b>21 way, shape, or form touches to a patient.</b>  <b>22 Some of those may be face-to-face encounters,</b>  <b>23 some of them may be notation of</b>  <b>24 documentation, or just some administrative</b>      25 <b>note.</b></p>	<p style="text-align: right;">Page 111</p> <p>1 A. <b>Of course it does.</b></p> <p>2 Q. But the issue is still not resolved a year      3 later?</p> <p>4 A. <b>Not resolved.</b></p> <p>5 Q. Have you individually pulled each one of      6 these records as an entity to review them to      7 see if your name is inaccurately on them?</p> <p>8 A. <b>Have I done what?</b></p> <p>9 Q. Have you had each individual record pulled to      10 determine which records your name is      11 inaccurately on?</p> <p>12 A. <b>Every -- no, I've not pulled every.</b></p> <p>13 Q. Do you know how many -- do you know how many      14 inmates at Sherburne County Jail who have      15 committed suicide that your name is      16 inaccurately reflected on their medical      17 records?</p> <p>18 A. <b>Yes.</b></p> <p>19 Q. How many inmates is that?</p> <p>20 A. <b>Three.</b></p> <p>21 Q. Dylan Brenner?</p> <p>22 A. <b>Correct.</b></p> <p>23 Q. James Lynas?</p> <p>24 A. <b>Correct.</b></p> <p>25 Q. And Justice White?</p>
<p style="text-align: right;">Page 110</p> <p>1 Q. So 50 to 60 touches on a patient on a daily      2 basis at Sherburne County?</p> <p>3 A. <b>Give or take. And again, those vary in what</b>      4 <b>they are so --</b></p> <p>5 Q. So if we call it 50 on a daily basis, that      6 would be 350 encounters a week, right, 50      7 times 7?</p> <p>8 A. <b>Correct.</b></p> <p>9 Q. And if we took 350 and multiplied it by 52      10 weeks, that would be 18,200 touches a year?</p> <p>11 A. <b>Then your math is much better than mine.</b></p> <p>12 Q. That's my calculator's math.</p> <p>13 A. <b>I didn't go through the process. I</b>      14 <b>apologize.</b></p> <p>15 Q. So if there is -- just using your estimate on      16 the low end, there are potentially tens of      17 thousands of touches between 2017 that could      18 have been charted and inaccurately reflected      19 your supervision?</p> <p>20 A. <b>Not all of those visits each day you would</b>      21 <b>have this issue with, it would be some of the</b>      22 <b>face-to-face encounters. So I can't give you</b>      23 <b>an exact number.</b></p> <p>24 Q. Does it concern you that your name is      25 inaccurately on all of these documents?</p>	<p style="text-align: right;">Page 112</p> <p>1 A. <b>Correct.</b></p> <p>2 Q. All three of them have records reflecting      3 that you provided them care that you in fact      4 did not provide?</p> <p>5         <b>MR. NOVAK:</b> I object to the form      6 with respect to provided care. Go      7 ahead.</p> <p>8         <b>THE WITNESS:</b> It had my signature.      9 It has the name of the person who      10 provided the care on the note but it has      11 my signature. So every note that's      12 created by an individual in Sherburne      13 County Jail clinic has their name on it,      14 it just has my electronic signature      15 instead of theirs when this occurred.</p> <p>16         <b>BY MR. STORMS:</b></p> <p>17 Q. And you would agree to a reader of those      18 documents, reading of that document would      19 reflect that you provided those patients with      20 care?</p> <p>21         <b>MR. NOVAK:</b> I object to the form,      22 foundation.</p> <p>23         <b>THE WITNESS:</b> No, I wouldn't assume      24 that. I think what could reasonably be      25 assumed is somehow I reviewed that</p>

1        document real time when that did not 2        happen.  3 <b>BY MR. STORMS:</b> 4   Q. For any three of those individuals? 5   A. <b>Yes, that is possible.</b> 6   Q. Have you disclosed those inaccurate records 7        to either the Minnesota Board of Medical 8        Practice or any other third party agency? 9 <b>MR. NOVAK:</b> I object to the form. 10 <b>THE WITNESS:</b> We have not, because 11        I don't feel that this issue has 12        affected patient care whatsoever. It's 13        the appearance of the signature that is 14        the issue at hand. But it hasn't 15        interrupted or disrupted or affected the 16        care that patients are provided.  17 <b>BY MR. STORMS:</b> 18   Q. And as you sit here today what is your best 19        understanding as to the technical reason why 20        your name is appearing on all of these 21        documents? 22   A. <b>eMDs has not been able to give me a full 23        explanation to this date. And we've reached 24        out to them repeatedly to get that answer.</b> 25   Q. So you've known about this since at least at	Page 113	Page 115  1   A. <b>I'm not sure how to answer that question.</b> 2   Q. Why? 3   A. <b>She signed it but it affixed my name.</b> 4   Q. So she signed it but it states that it was 5        supervised by you? 6   A. <b>Again, I just want to make sure I'm accurate 7        when I answer this. It is her providing 8        care, it states supervised by me, but it 9        incorrectly has her as my name as when she 10        signed it.</b> 11   Q. So should she have been the one signing this 12        chart note? 13   A. <b>She did sign this chart note but it affixed 14        my name.</b> 15   Q. But it also, in addition to affixing your 16        name, it reflects that she's being supervised 17        by you, correct? 18   A. <b>Correct.</b> 19   Q. Was she being supervised by you with respect 20        to Exhibit 31? 21   A. <b>So when Janell Hussain became a primary care 22        provider there, there was a lag in switching 23        my name out to her name with eMDs, but the 24        spirit of that is still the same, that as 25        medical providers either of our names can be</b>
1        some point in 2019, have not gotten a clear 2        answer, but have continued to use the eMD 3        system?  4   A. <b>Yes. We've had to use that system because 5        it's what is in place, and we know that this 6        issue is not affecting patient care. So 7        while we continue to try and work with eMDs 8        to resolve this issue, we still know that the 9        patient care is being delivered 10        appropriately.</b>  11 <b>MR. MONTPETIT:</b> Do you want this 12        back?  13 <b>MR. STORMS:</b> No, that's all right. 14        Let's go off the record for a second. 15            (There was a discussion off 16            the record.)  17 <b>BY MR. STORMS:</b> 18   Q. I'll hand you the binder back and turn your 19        attention to Exhibit 31. 20   A. <b>Okay.</b> 21   Q. Did you review this document in preparation 22        for today's deposition? 23   A. <b>I did.</b> 24   Q. And this document was signed by Christina 25        Leonard; is that correct?	Page 114	Page 116  1 <b>on this as supervised by them.</b> 2   Q. So is it incorrect that she was being 3        supervised by you or is that a correct 4        statement? 5   A. <b>It's just a -- it is a standard language 6        piece that is in the eMDs EMR system that 7        must have a name affixed to it. So 8        operationally am I directly supervising 9        Christina Leonard? No. But in the eMD 10        system it has to have one of our name on 11        there as supervised by.</b> 12   Q. And is this a chart note that could have been 13        signed by Christina Leonard or is this a 14        chart note that has to be signed by a medical 15        provider? 16   A. <b>No, this is a note that can be signed by 17        Christina Leonard.</b> 18   Q. Does this note need to be directly supervised 19        by any medical provider or is this a record 20        that has to be reviewed by a medical 21        provider? 22   A. <b>No.</b> 23   Q. Why is this a record that does not need to be 24        reviewed by a medical provider? 25   A. <b>Because it doesn't fit into our category</b>

1 <b>where we require it.</b> 2    Q. Within your policy and protocols? 3    A. <b>And standard procedures and training and scope of practice.</b> 4    Q. So your understanding with respect to the legal standards for scope of practice within the State of Minnesota that this could have been within the scope of Christina Leonard's practice as an RN? 5 <b>MR. NOVAK:</b> I object to the form. 6 <b>THE WITNESS:</b> It's my understanding that it is within her scope to acquire a urine specimen and run a urine specimen and document the results of that specimen. 7 <b>BY MR. STORMS:</b> 8    Q. And it's within the scope of her practice as an RN to issue the order of a Medical Professional Profile (12 Drugs) Screen and Confirmation? 9    A. <b>They are allowed to, per our processes, she's allowed to acquire a urine in very particular circumstances but in any circumstances where she deems necessary.</b> 10   Q. And it's within the scope of her -- it's your	Page 117  1      patient as positive for PCP and then make decisions with respect to chemical withdrawal watches absent supervision by a medical provider? 2    A. <b>That's a long question. Do you mind repeating it?</b> 3    Q. It's your understanding that it was within the scope of Christina Leonard's practice as an RN to make a decision with respect to the need for a chemical withdrawal watch without the supervision of a medical provider in this case? 4    A. <b>Well, what I believe what she was doing in this instance is given the information that she knew, she wasn't going to start a chemical watch at least yet. And there would be followup with this patient.</b> 5    Q. But despite the existence of a PCP test that has to be assumed to be positive? 6    A. <b>Correct.</b> 7    Q. She still would not be required to confer with a medical provider? 8    A. <b>I would have preferred that she started it then, but this would have been followed up with his next visit because he had just</b>
Page 118  1      understanding it's within the scope of an RN's practice to issue the care plan that she issued here, which is no chemical withdrawal watch needed at this time? 2    A. <b>For this particular situation, yes.</b> 3    Q. What would impact whether or not this needed to be reviewed by a medical provider? 4    A. <b>If there was any information that this patient was suffering from significant withdrawal and the fact that the PCP was most undoubtedly a false positive.</b> 5    Q. Okay. Where is it documented that the PCP was a false positive? 6    A. <b>It's not documented on this note.</b> 7    Q. So why would she be operating under the assumption it's a false positive? 8    A. <b>She wouldn't be operating under that assumption.</b> 9    Q. So she should be under the assumption that it is positive for PCP? 10   A. <b>Yeah. Until proven otherwise she's assuming that this patient has PCP in their system, yes.</b> 11   Q. So it's your understanding it's within the scope of an RN's practice to identify a	Page 119  1      arrived recently to the facility. So this would have been an issue that would have been reevaluated on her next visit. What she was saying is that she doesn't want to start a chemical withdrawal watch at this time. 2    Q. It's something that you also would have expected to have been considered with the constellation of the other information available to her with respect to Mr. Brenner? 3    A. <b>Can you be more specific?</b> 4    Q. Sure. You would expect her to take into account any available medical history to her including drug use or suicidality issues? 5 <b>MR. NOVAK:</b> I object to the form. 6 <b>THE WITNESS:</b> In regards to this issue and whether she needs -- it would have been the information that she was being provided regarding that patient at that time that was there for chemical withdrawal issues. 7 <b>BY MR. STORMS:</b> 8    Q. Well, that information is available to her on eMDs, correct? 9    A. <b>Not the appearance or the behavior of the patient at that moment in time.</b>

<p style="text-align: right;">Page 121</p> <p>1 Q. But Mr. Brenner's medical history is?</p> <p>2 A. <b>What I'm saying is his medical history</b>  <b>3 doesn't impact the appearance of him from a</b>  <b>4 chemical withdrawal perspective at that</b>  <b>5 period of time, in that moment of time.</b></p> <p>6 Q. So Mr. Brenner's medical history does not      7 impact the decision making relative to      8 chemical withdrawal?</p> <p>9 A. <b>Oh, I didn't say that.</b></p> <p>10 Q. Okay. I don't understand then. So Christina      11 Leonard obviously accessed the eMD system,      12 and we know that because we have this note in      13 front of us, right, Exhibit Number 31?</p> <p>14 A. <b>Correct.</b></p> <p>15 Q. And in accessing the eMD system, she would      16 have had access to any of Mr. Brenner's      17 historical records?</p> <p>18 A. <b>It would have been available to her, correct.</b></p> <p>19 Q. If, for example, Mr. Brenner had a history of      20 receiving medications at the Sherburne County      21 Jail, that would have been reflected in the      22 eMD system?</p> <p>23       <b>MR. NOVAK:</b> Form and foundation.</p> <p>24       <b>THE WITNESS:</b> You mean on a      25 previous incarceration?</p>	<p style="text-align: right;">Page 123</p> <p>1       not Mr. Brenner goes on a chemical withdrawal      2 watch?</p> <p>3 A. <b>It would have minimal impact at that time.</b></p> <p>4 Q. Does the potential of the chemical withdrawal      5 impact the need to assess Mr. Brenner with      6 respect to suicidality?</p> <p>7           <b>MR. NOVAK:</b> I object to the form.</p> <p>8           <b>THE WITNESS:</b> Can you repeat that?</p> <p>9       <b>BY MR. STORMS:</b></p> <p>10 Q. Yeah. Does the existence of Mr. Brenner's      11 diagnosed -- well, let me back up.</p> <p>12           Here Mr. Brenner is diagnosed as having      13 drug withdrawal?</p> <p>14 A. <b>Yeah. Unfortunately in the eMD system it</b>  <b>15 isn't built for corrections. So to be able</b>  <b>16 to sign off on a note, you have to put</b>  <b>17 something in the assessment section that, to</b>  <b>18 the best of your ability, fits the situation.</b>  <p>19           Otherwise she can't sign off on the note.</p> <p>20 Q. But as we read this note here, he's diagnosed      21 with drug withdrawal?</p> <p>22 A. <b>That's what she had to put into the system to</b>  <b>23 complete the note.</b></p> <p>24 Q. And whether or not someone is going through a      25 drug withdrawal impacts their risk for</p> </p>
<p style="text-align: right;">Page 122</p> <p>1       <b>MR. STORMS:</b> Correct.</p> <p>2       <b>THE WITNESS:</b> Yes. I mean, that</p> <p>3 information certainly is in there.</p> <p>4       <b>BY MR. STORMS:</b></p> <p>5 Q. And if he were a suicide risk during his      6 prior incarceration, that information would      7 have been available to her as well?</p> <p>8 A. <b>I'm not sure what you mean by a suicide risk</b>      9 <b>because every human being has a suicide risk.</b></p> <p>10       <b>I'm not --</b></p> <p>11 Q. Every human being does not have an eMDs chart      12 at the Sherburne County Jail, correct?</p> <p>13 A. <b>Correct.</b></p> <p>14 Q. And you are aware of the fact that in      15 Mr. Brenner's eMDs chart under the list of      16 current problems suicide risk was identified?</p> <p>17 A. <b>Yes. That was entered in his eMDs chart,</b>      18 <b>correct.</b></p> <p>19 Q. And that would have been available to      20 Christina Leonard?</p> <p>21 A. <b>Yes.</b></p> <p>22 Q. And so Mr. Brenner's prior prescription drug      23 history and his prior history of suicidality,      24 does that need to be considered at all when      25 making decisions with respect to whether or</p>	<p style="text-align: right;">Page 124</p> <p>1 suicidality, you've learned that as part of      2 your training?</p> <p>3 A. <b>It can be a factor. Depending on each</b>  <b>4 individual patient, of course. And I would</b>  <b>5 not expect someone who is recently brought in</b>  <b>6 the facility, even if he did have PCP in his</b>  <b>7 system, to be a major impact at that time.</b></p> <p>8 Q. And there is a nursing protocol that was in      9 place for mild to moderate chemical      10 withdrawal?</p> <p>11 A. <b>Correct.</b></p> <p>12 Q. But it's within the discretion of the RN      13 about whether or not to initiate that      14 chemical withdrawal process?</p> <p>15 A. <b>I'd have to run through the protocol with you</b>      16 <b>to answer a specific question.</b></p> <p>17 Q. Yeah. So Exhibit 32, which is the next      18 exhibit.</p> <p>19 A. <b>Okay.</b></p> <p>20 Q. I just want to be clear that under this      21 protocol Christina Leonard would have      22 understood that it was within her discretion      23 to initiate a chemical watch?</p> <p>24 A. <b>No, and this goes back to what I was trying</b>      25 <b>to say earlier, this issue would have</b></p>

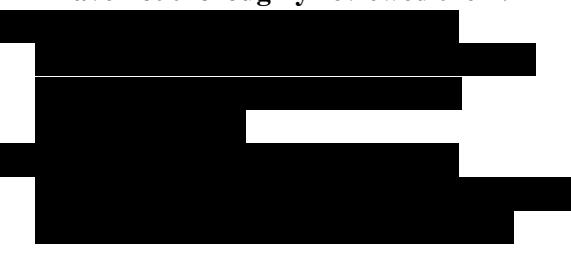
<p>1 continued to be addressed by her, she just 2 wasn't initiating a chemical withdrawal watch 3 yet.</p> <p>4 Q. Would you have expected her to put eyes on 5 Dylan Brenner?</p> <p>6 A. Not necessarily at that time.</p> <p>7 Q. And you are saying that's your assessment 8 based upon a comprehensive review of Dylan 9 Brenner or just based upon the withdrawal 10 information?</p> <p>11 A. No, it would have been the information that 12 was provided to her about the patient at that 13 time, and then based upon her training and 14 her observations of that entire situation.</p> <p>15 Q. Okay. I'll come back to that but just so -- 16 so based upon the toxicology screen in 17 Exhibit 31, you believe that there was no 18 need for her to go see Dylan Brenner just 19 based on that screening alone?</p> <p>20 A. Based on this screening alone, no. Unless 21 there was some concern brought to her 22 attention by the staff in booking, this 23 result in and of itself does not mean she 24 needs to have eyes on him at that time.</p> <p>25 Q. And if you were training someone at MEnD,</p>	<p>1 for PCP?</p> <p>2 A. Yeah, eventually this patient is going to be 3 reevaluated by a nursing staff and that would 4 be reported to our medical provider.</p> <p>5 Q. But you wouldn't expect that PCP positive to 6 be reported to the medical provider in real 7 time?</p> <p>8 A. It doesn't necessarily need to be at that 9 moment based on the overall clinical 10 situation in front of her.</p> <p>11 Q. And so it's your understanding that the 12 medical literature and general standards of 13 care would inform a medical provider that 14 there is not an immediate concern necessarily 15 with PCP withdrawal?</p> <p>16 MR. NOVAK: I object to the form, 17 incomplete hypothetical.</p> <p>18 THE WITNESS: And I'm sorry, I'm 19 going to have to have you repeat that.</p> <p>20 BY MR. STORMS:</p> <p>21 Q. Yeah. Is it your understanding that based 22 upon either the standard of care or review of 23 the medical literature that PCP withdrawal 24 does not reflect an immediate or acute need?</p> <p>25 A. It all depends on the context of each patient</p>
<p>Page 126</p> <p>1 would you train them that a result like this, 2 you know, a positive PCP and a positive THC 3 would not warrant immediate eyes on a 4 patient?</p> <p>5 A. It would have been discussed that these are 6 two substances that unless, again, there is 7 some concern about the behavior or appearance 8 of a patient, aren't as urgent in that 9 assessment.</p> <p>10 Q. And so not as urgent, so is there a guideline 11 of how long it could be before eyes are put 12 on a patient with that toxicology screen?</p> <p>13 A. It really wouldn't be -- it's apples and 14 oranges. What she would do is she would have 15 her procedures of when this patient should be 16 assessed, and a lot of that is based on the 17 information that's provided when this patient 18 is in booking. So it's apples and oranges is 19 the best way I can describe it.</p> <p>20 Q. Whose job is it to determine if the PCP is a 21 false positive?</p> <p>22 A. Ultimately that would be the medical 23 provider's job.</p> <p>24 Q. So the medical provider would need to be 25 informed that this patient tested positive</p>	<p>Page 128</p> <p>1 but commonly it's not a severe withdrawal 2 syndrome.</p> <p>3 Q. And are you aware of any writing at all 4 that's ever been created by MEnD that 5 reflects that PCP is not a drug that creates 6 severe withdrawal concerns?</p> <p>7 A. I can't tell you if there is specific writing 8 on that. I know that we discussed this topic 9 during training.</p> <p>10 Q. If you could turn to Exhibit 38. Did you 11 ever sign this note?</p> <p>12 A. I didn't sign the note as described on this 13 document.</p> <p>14 Q. Is this a note that needed to be signed by a 15 medical provider?</p> <p>16 A. This doesn't necessarily have to be signed by 17 a medical provider. But when we have code 18 blue, this is what I was talking about 19 discretionary, we typically review these.</p> <p>20 Q. What is your understanding as to why it does 21 not have to be reviewed by a medical 22 provider?</p> <p>23 A. I guess I'm not understanding the question. 24 Sorry.</p> <p>25 Q. Well, you said this document does not have to</p>

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<p>1      be reviewed by a medical provider, why is it 2      that it does not have to be reviewed by a 3      medical provider?</p> <p>4 <b>A. And I guess I should qualify the answer. It 5      will absolutely be reviewed by a medical 6      doctor and reviewed by me because it's a 7      death involved. But if there is a code blue 8      called in the facility, not every code blue 9      needs to be necessarily reviewed by a medical 10     provider. They are typically reviewed by our 11     supervisor and we routinely review them, it's 12     just not a mandate. But if there is a death 13     in the facility, it absolutely will be 14     reviewed.</b></p> <p>15 Q. So you would absolutely personally review a 16     document like this when there is a death at 17     the facility?</p> <p>18 A. Yes.</p> <p>19 Q. So when you reviewed this document when there 20     is a death in the facility, didn't you see 21     that it was signing your name on October 7, 22     2017, at 11:43/44 p.m.?</p> <p>23 A. I didn't notice that. I did not notice that 24     signature as I was reading through it.</p> <p>25 Q. Would you have reviewed all of Dylan</p>	<p>1      if there was a suicide assessment that hadn't 2      been completed?</p> <p>3           <b>MR. NOVAK:</b> I object to the form.</p> <p>4           <b>THE WITNESS:</b> I'm not sure of the 5      question. I'm sorry.</p> <p>6           <b>BY MR. STORMS:</b></p> <p>7 Q. Would you advise MEnD staff to create a 8     suicide assessment after the fact?</p> <p>9 A. If somebody hadn't completed and charted 10     their documentation, I always want them to 11     complete and chart their documentation, 12     whether it's timely or late.</p> <p>13 Q. Are you aware of situations where suicide 14     assessments have been created after the death 15     of an inmate?</p> <p>16           <b>MR. NOVAK:</b> I object to the form.</p> <p>17           <b>THE WITNESS:</b> A suicide assessment 18     created after the death of an inmate?</p> <p>19           <b>MR. STORMS:</b> Yeah.</p> <p>20           <b>THE WITNESS:</b> I'm not sure what 21     exactly you are asking.</p> <p>22           <b>BY MR. STORMS:</b></p> <p>23 Q. Well, you have a copy of one of your suicide 24     risk screening forms, right?</p> <p>25 A. Correct.</p>
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<p>1      Brenner's medical records or just this code 2      blue record?</p> <p>3 A. Once there is a death involved, I would have 4     went through and reviewed them.</p> <p>5 Q. So you would have reviewed all of Dylan 6     Brenner's medical records, including the last 7     one we reviewed, and you didn't notice that 8     they were signing your name?</p> <p>9 A. I did not. It's not where we focus our eyes 10    when we go through these notes.</p> <p>11 Q. It wasn't important for you to determine who 12    was actually creating these notes?</p> <p>13 A. No, it says who created it. I just didn't 14    notice that my name was affixed as the 15    signature.</p> <p>16 Q. Even though it's immediately below that?</p> <p>17 A. Correct.</p> <p>18 Q. And then did you advise MEnD employees to 19    create notes after the fact in this case?</p> <p>20 A. Questions came up about documenting a note 21    after the fact, if it was feasible to do so. 22    And when that question was asked, I said yes, 23    you should still put in your note even if 24    it's after the event.</p> <p>25 Q. Is that the same advice that you would give</p>	<p>1      Q. Are you aware of situations where one of 2      those forms was ever completed and signed 3      after the suicide of an inmate?</p> <p>4 A. So I guess I'm going to break that question 5     down into two parts. No one should -- if 6     somebody had assessed a patient and had 7     determined their results but had not put it 8     into paper, I would want them to put into 9     paper whether it was timely or late.</p> <p>10 Q. Are you aware of a situation where someone 11    put into paper on one of the suicidal risk 12    screening forms after a MEnD patient 13    committed suicide?</p> <p>14 A. I can't recall. It's possible but I can't 15    recall.</p> <p>16 Q. Okay. We'll take a look at that later.</p> <p>17 A. Okay.</p> <p>18 Q. If you could turn your attention to Exhibit 19    Number 44?</p> <p>20 A. Okay.</p> <p>21 Q. Is this one of the notes that you advised 22    could be drafted after Mr. Brenner's suicide?</p> <p>23 A. Yes, I was asked questions -- to the best of 24    my knowledge I was asked questions about 25    whether she was able to go back into the</p>

1      system after this event and record what had 2      transpired in the jail lobby, and I said 3      absolutely you should. 4    Q. And you reviewed this note at some point? 5    A. Correct. 6    Q. Some point shortly after Mr. Brenner's 7      suicide? 8    A. <b>I can't give you an exact time. It would</b> 9 <b>have been sometime soon thereafter.</b> 10   Q. And once again you did not notice that it had 11   signed your name? 12   A. <b>I did not.</b> 13   Q. And Exhibit 45, this is a second document 14   that was created late after Mr. Brenner's 15   suicide? 16 <b>MR. NOVAK:</b> I object to the form. 17 <b>THE WITNESS:</b> I wouldn't consider 18   this late entry, but I know it was a 19   question I was asked of whether she 20   could go in and chart this document 21   after that event had occurred. 22 <b>BY MR. STORMS:</b> 23   Q. Why wouldn't you consider this a late entry? 24       She called it a late entry herself. 25   A. <b>I'm not sure why she called it a late entry</b>	Page 133	1    A. <b>From my understanding both of these instances</b> 2 <b>were the employees were hesitant to go in and</b> 3 <b>chart after an event like that and basically</b> 4 <b>wanted direction and approval to do so.</b> 5 <b>That's the best I can tell you as to why they</b> 6 <b>were documented when they were.</b> 7    Q. Were they hesitant because they were afraid 8      they were going to be in trouble? 9    A. <b>No. Well, I guess in some ways they just</b> 10 <b>didn't know if you, after a death in the</b> 11 <b>facility, can you go back and put a chart</b> 12 <b>note in, is that appropriate. So whether</b> 13 <b>their concern was whether they were going to</b> 14 <b>get in trouble or not, I don't know the</b> 15 <b>answer to that. I just know that's the</b> 16 <b>question I was posed was is it appropriate to</b> 17 <b>go in and chart the information that I need</b> 18 <b>to chart after there is a death.</b> 19   Q. Doesn't any death -- like doesn't every death 20   that happens within a medical facility result 21   in a chart note that's created after someone 22   dies? 23   A. <b>I'm not sure I'm following.</b> 24   Q. Sure. There should be a chart note that 25   charts every person's death at a medical	Page 135
1 <b>but it was within a few hours of her</b> 2 <b>performing this task so I wouldn't consider</b> 3 <b>that necessarily late.</b> 4    Q. You are saying that she wrote this note 5      within a few hours after performing this 6      task? 7    A. <b>She charted this information a few hours</b> 8 <b>after she did the task.</b> 9    Q. Yeah, that's just not right. Mr. Brenner 10   committed suicide on October 7, 2017. 11   A. <b>Oh, I apologize.</b> 12   Q. And this note was created on October 10, 13   2017. 14   A. <b>I apologize. I just didn't spot the 10</b> 15 <b>instead of the 7. My apologies. Correct.</b> 16 <b>You are correct. It was created on 10/10/17.</b> 17   Q. So you would consider that a late chart note? 18   A. <b>I would, absolutely.</b> 19   Q. And charting should be completed before the 20   end of someone's shift? 21   A. <b>That's always our goal. Always.</b> 22   Q. Do you know why these two chart notes were 23   not created before the end of their shift? 24   A. <b>Which two are we discussing?</b> 25   Q. Exhibits 44 and 45.	Page 134	1      facility, correct? 2    A. <b>There is typically some sort of medical</b> 3 <b>encounter or chart note that documents the</b> 4 <b>death.</b> 5    Q. That's always created after they die? 6    A. <b>I would call it real time but that's I guess</b> 7 <b>our different definitions.</b> 8    Q. So you think that it's charted in real time, 9      it's being charted as the person is dying? 10   A. <b>No. I'm just saying from a reasonable</b> 11 <b>perspective you are charting promptly after</b> 12 <b>the event of what transpired at that event</b> 13 <b>and these were not documented in that way.</b> 14   Q. Right. So does it concern you that the 15   medical professionals working at MEnD didn't 16   understand that they could chart after 17   somebody dies? 18   A. <b>Oh, I think it was given the time frame. And</b> 19 <b>I don't remember the exact time frame but it</b> 20 <b>wasn't five minutes afterwards, that sort of</b> 21 <b>thing.</b> 22   Q. And once again in Exhibit 45, this signed 23   your name but you did not notice that? 24   A. <b>I did not.</b> 25   Q. And then Exhibit Number 46, this is another	Page 136

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<p>1 chart note that reflects that you signed it, 2 and that again is incorrect?</p> <p>3 A. Yes. It was created by Brittany and when she 4 signed it, it placed, however you want to use 5 the word, my name.</p> <p>6 Q. So when Mr. Lynas died back in 2017, you 7 reviewed all of his records as well, correct?</p> <p>8 A. Yes.</p> <p>[REDACTED]</p> <p>14 Q. Have you ever personally created any logs or 15 audit trails from the eMD system?</p> <p>16 A. Personally created any audit or log trails. 17 I don't know if I've personally done that. I 18 don't know.</p> <p>19 Q. You have an understanding that those things 20 are created?</p> <p>21 A. I understand they can be created.</p> <p>22 Q. And you've seen examples of those logs and 23 audit trails?</p> <p>24 A. I have.</p> <p>25 Q. Have you ever had reason to request that they</p>	<p>1 MR. NOVAK: We can go off the 2 record just for a second. 3 (There was a discussion off 4 the record.)</p> <p>5 BY MR. STORMS:</p> <p>6 Q. I'm just going to show you a blown up version 7 of Exhibit 98.</p> <p>8 A. Okay.</p> <p>9 Q. Have you ever seen eMDs documents that are 10 created that look like that?</p> <p>11 A. EMDs documents that are created that look 12 like this screen?</p> <p>13 Q. Yep. That reflect the chart notes, the date 14 they are entered, who entered them?</p> <p>15 A. I don't know about a specific document that's 16 created this way, I just know that this is a 17 view in eMDs that you can use at your 18 discretion.</p> <p>19 Q. So that shows you the time certain notes were 20 placed in?</p> <p>21 A. Well, I mean, on the screen it gives you the 22 date, you have to open it.</p> <p>23 Q. Sorry. So you know there is a view that 24 shows who the note owner is, what the type 25 is, and what the assessment is and the date,</p>
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<p>1 be created on your behalf so you could review 2 charting?</p> <p>3 A. To review an audit trail?</p> <p>4 Q. Yeah, to review an audit trail of a chart 5 note?</p> <p>6 A. I don't recall. I don't recall if I have 7 personally.</p> <p>8 Q. How often do you personally work in the eMD 9 system?</p> <p>10 A. It varies. I don't know if I can give you an 11 answer to that.</p> <p>12 Q. Once a week?</p> <p>13 A. At times.</p> <p>14 Q. Let me just pull this up for you because it 15 will make it a little easier. To the extent 16 you can read it, I was just going to turn 17 your attention to Exhibit 98.</p> <p>18 MR. NOVAK: This one goes to 85.</p> <p>19 MR. STORMS: Sorry. It goes --</p> <p>20 here you go. It goes longer beyond the 21 tab, we just hadn't gotten those.</p> <p>22 THE WITNESS: Sorry, I'm not able 23 to.</p> <p>24 MR. STORMS: Yeah, it's okay. I'll 25 blow it up for you electronically.</p>	<p>1 you are familiar with that?</p> <p>2 A. I'm familiar with that view.</p> <p>3 Q. Is that a view that you've used for a 4 significant period of time?</p> <p>5 A. I've used that view I'm sure many times.</p> <p>6 Q. Going back to prior to 2017?</p> <p>7 A. I'm assuming so, yes. Again, I don't know 8 when they had the update to eMDs with the 9 appearance of the charts and such but --</p> <p>10 MR. STORMS: Let's go off the 11 record.</p> <p>12 (A break was taken.)</p> <p>13 (Exhibit Number 106 was 14 marked for identification.)</p> <p>15 BY MR. STORMS:</p> <p>16 Q. Dr. Leonard, I'm handing you what's been 17 marked as Exhibit 106. Please take the 18 opportunity to review this document, 19 including your signature page at the end.</p> <p>20 A. Okay.</p> <p>21 Q. Have you reviewed Exhibit 106 before?</p> <p>22 A. I have.</p> <p>23 Q. And you verified under oath that the 24 information was true and correct?</p> <p>25 A. Again, as a non-attorney I did what I was</p>

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<p>1     <b>instructed, I guess, whatever that term.</b></p> <p>2   Q. Well, you can see that acknowledgment you 3   signed?</p> <p>4   A. <b>Correct.</b></p> <p>5   Q. And you saw that you were sworn, right?</p> <p>6   A. <b>Again, I'm just not as intimately 7   knowledgeable in the terms as you.</b></p> <p>8   Q. Sure. But you understood that you were 9   providing truthful information?</p> <p>10 A. <b>Correct.</b></p> <p>11 Q. Did you help your lawyers compile the 12 information in response to this?</p> <p>13 A. <b>Yes.</b></p> <p>14 Q. I'd like to turn your attention to question 15 number eight or Interrogatory number eight, 16 it's on page four.</p> <p>17 A. <b>Okay.</b></p> <p>18 Q. Does that reflect accurately the counties 19 that MEnD was providing service to in October 20 of 2017 in Minnesota?</p> <p>21 A. <b>Yes, it should be.</b></p> <p>22 Q. So when did the Stearns County contract 23 terminate?</p> <p>24 A. <b>The end of 2017.</b></p> <p>25 Q. Is that the same for Benton?</p>	<p>1   Q. Is that a government entity or a private 2   entity?</p> <p>3   A. <b>It's like a regional -- I'm not sure who has 4   true ownership of it but it serves multiple 5   counties in the area. But it's physically 6   located in Moorhead right across the street 7   from the jail. We've began working with 8   Becker County since that time. Yeah. We've 9   began working with Pine County, Meeker 10 County. The nature of our contract with 11 Dakota County has changed.</b></p> <p>12 Q. In what way?</p> <p>13 A. <b>We used to be just nursing staff and didn't 14 provide the medical providership or the 15 medical health services and now they've 16 incorporated all of that into a new contract 17 with us, we supply all the services now. We 18 have started working with Jackson County 19 since this time. And I believe that is it.</b></p> <p>20 Q. Are you able to say back in 2017 how many 21 counties you were working with in Iowa and 22 Wisconsin?</p> <p>23 A. <b>Yeah, in Wisconsin we would have just been 24 working with Douglas County, Wisconsin. And 25 in Iowa in 2017 we would have been working</b></p>
Page 142	Page 144
<p>1   A. <b>Correct.</b></p> <p>2   Q. And did you pick up any new counties after 3   those terminations?</p> <p>4   A. <b>We have grown since this time, yes.</b></p> <p>5   Q. Which other counties have you picked up since 6   then?</p> <p>7   A. <b>Oh, I can go off the top of my head, it may 8   not be fully inclusive.</b></p> <p>9   Q. I'll give you a hand.</p> <p>10      <b>MR. STORMS:</b> Can we mark this as 11       Exhibit 107? 12           (Exhibit Number 107 was 13           marked for identification.)</p> <p>14      <b>THE WITNESS:</b> I'm sorry, what is 15       the question?</p> <p>16      <b>BY MR. STORMS:</b></p> <p>17   Q. Yeah. So which additional counties have you 18   added as clients since October 2017?</p> <p>19   A. <b>I know one -- and you are talking until the 20   present?</b></p> <p>21   Q. Correct.</p> <p>22   A. <b>Okay. I know we've added West Central 23   Regional Juvenile Center.</b></p> <p>24   Q. So not a county but a juvenile center?</p> <p>25   A. <b>Within Clay County.</b></p>	<p>1   <b>with Story County. And I am almost certain 2   we were already working with Hardin during 3   that time.</b></p> <p>4   Q. And my understanding is that you do not have 5   a medical doctor that you were contracting 6   with in Wisconsin; is that right?</p> <p>7   A. <b>We just have our medical provider team that 8   works in those facilities.</b></p> <p>9   Q. Are you licensed to practice in Wisconsin?</p> <p>10 A. <b>Correct.</b></p> <p>11 Q. Oh, you are?</p> <p>12 A. <b>Yes.</b></p> <p>13 Q. And you are not licensed in Iowa, though?</p> <p>14 A. <b>I am.</b></p> <p>15 Q. But you still use a medical doctor in Iowa 16 anyway?</p> <p>17 A. <b>Yes.</b></p> <p>18 Q. Why is that?</p> <p>19 A. <b>Just kept that, it's a great working 20   relationship, he does fine work. We just 21   kept that relationship intact.</b></p> <p>22 Q. Are you licensed any other states other than 23   Minnesota, Iowa, and Wisconsin?</p> <p>24 A. <b>Illinois and South Dakota.</b></p> <p>25 Q. Does MEnD provide services in South Dakota?</p>

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<p>1 A. We now have started working with Codington 2 County.</p> <p>3 Q. When did you get licensed in South Dakota?</p> <p>4 A. 2018 or 2019, I just don't recall. Sorry.</p> <p>5 Q. And then at some point in time did you become 6 involved in attempting to identify who all 7 the inmates were who committed suicide in 8 MEnD facilities?</p> <p>9 A. Did I get involved in what?</p> <p>10 Q. Providing information related to the inmates 11 who committed suicide?</p> <p>12 A. In some way, shape, or form, yes.</p> <p>13 Q. Do you keep a list of inmates who commit 14 suicide in MEnD facilities?</p> <p>15 A. We started formally documenting numbers of 16 suicides as of 2017 with other data. The 17 names aren't specifically on there but the 18 where they were are, in part, within our 19 statistics that we keep.</p> <p>20 Q. Prior to that you did not keep readily 21 available information on who the inmates were 22 that committed suicide in MEnD's care?</p> <p>23 A. We have information at our disposal, we just 24 weren't tracking those particular statistics 25 before then.</p>	<p>1 suicide during the time frame that I thought 2 that I understood in working with my counsel 3 that was needed for this document.</p> <p>4 Q. And you thought that was 2017 to 2019?</p> <p>5 A. Correct.</p> <p>6 Q. Are you saying that you accurately provided 7 all the individual's names who committed 8 suicide over that time period in this answer?</p> <p>9 A. It should be.</p> <p>10 MR. STORMS: Can we mark that as 11 Exhibit 108, please?</p> <p>12 (Exhibit Number 108 was 13 marked for identification.)</p> <p>14 BY MR. STORMS:</p> <p>15 Q. I'll show you what's been marked as Exhibit 16 108, which was provided in response to motion 17 practice by us.</p> <p>18 A. Okay.</p> <p>19 Q. The answer that you verified in Interrogatory 20 -- or in Exhibit 106 did not identify 21 Stephanie Bunker, correct?</p> <p>22 A. Oh, it was mistyped.</p> <p>23 Q. It should have been Stephanie Bunker --</p> <p>24 A. And not Stephanie King.</p> <p>25 Q. Did you have access to the information prior</p>
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<p>1 Q. At any point in time if someone asked you, 2 MEnD, to name all the inmates who committed 3 suicide in Minnesota from a certain date on, 4 you could name those individuals?</p> <p>5 A. I would have to reference, you know, 6 documentation, but I could.</p> <p>7 Q. So I want to turn your attention to 8 Interrogatory number 14, that asks to 9 identify all those inmates, and then on the 10 next page you see an answer and then a 11 supplement.</p> <p>12 A. Okay.</p> <p>13 Q. And you signed off on this document as being 14 accurate. Is there a reason that you did not 15 identify all the inmates who committed 16 suicide in MEnD's care in this answer?</p> <p>17 A. I'm not sure I understand the question. I'm 18 sorry.</p> <p>19 Q. Well, you have an understanding that that is 20 not a complete list in Interrogatory number 21 14 of all inmates who committed suicide in 22 MEnD's care?</p> <p>23 A. Oh, ever?</p> <p>24 Q. Yeah.</p> <p>25 A. Yeah, we produced the people who committed</p>	<p>1 to that the entire time, meaning suicides 2 going back to 2013 and 2012?</p> <p>3 A. Did I have access to what? I'm sorry.</p> <p>4 Q. Did you have access to the information, the 5 individuals who had committed suicide, 6 previously?</p> <p>7 A. I had access to it, yeah.</p> <p>8 Q. Now, Stephanie Bunker, you've been sued by 9 her family; is that correct?</p> <p>10 A. Yes. It was just filed.</p> <p>11 Q. Have you reviewed the complaints in that 12 case?</p> <p>13 A. To some degree. Not thoroughly yet.</p> <p>14 Q. Have you reviewed Ms. Bunker's medical 15 records?</p> <p>16 A. Again, not thoroughly. I've reviewed her 17 medical records in the past but more recently 18 I have not thoroughly reviewed them.</p> 

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8 Q. Is Beltrami County Jail a place you traveled  
9 to on a regular basis?

10 A. I don't know what you would consider regular.

11 Q. How many times a year do you travel to the  
12 Beltrami County Jail?

13 A. At least a few. Just depends on what is  
14 occurring there.

15 Q. Do you travel to the facilities -- do you  
16 travel to each facility when an inmate  
17 commits suicide?

18 A. Typically. Depending on the situation. Most  
19 likely but not always.

20 Q. Do you try to get there that day?

?

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A horizontal bar chart comparing the percentage of patients reporting various symptoms at baseline across four different treatment groups. The y-axis lists the symptoms: pain, fever, chills, nausea, vomiting, headache, and diarrhea. The x-axis represents the percentage of patients, ranging from 0% to 100% in increments of 25%. Each symptom has four bars corresponding to the treatment groups.

Symptom	Treatment A (%)	Treatment B (%)	Treatment C (%)	Treatment D (%)
Pain	85	80	75	70
Fever	70	65	60	55
Chills	60	55	50	45
Nausea	50	45	40	35
Vomiting	40	35	30	25
Headache	30	25	20	15
Diarrhea	20	15	10	5

A bar chart illustrating the distribution of a metric across 10 categories. The x-axis is labeled "Category" and numbered 1 through 10. The y-axis is labeled "Value" and ranges from 0 to 100. Category 1 has a value of 100, while categories 2 through 10 have a value of 0.

Category	Value
1	100
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0

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[REDACTED]

[REDACTED]

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Page 160

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]  
5 Q. If someone is put on a watch because they are  
6 suicidal, MEnD policies and protocols require  
7 that the patient be screened on a daily  
8 basis, correct?  
9 A. **If a patient is on suicide watch full**  
10 [REDACTED]

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19 Q. Would you engage in emailing with your  
20 employees at the Beltrami County Jail related  
21 to suicidality issues?  
22 A. **No, that would not be typical.**  
23 Q. It would always be on the phone?  
24 A. **It would customarily be phone calls because**  
25 **of the nature of the concern.**

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4 Q. So after Stephanie Bunker died did you do an  
5 investigation into her suicide?  
6 A. Yes.  
7 Q. Tell me who participated in that  
8 investigation?  
9 A. I don't have all names off the top of my head  
10 but anybody that I would have needed  
11 information from.  
12 Q. Would you have created documents related to  
13 that investigation?  
14 A. Not typically. If I felt there was a  
15 systemic issue or a significant process issue  
16 I would have.

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13 BY MR. STORMS:  
14 Q. And there were no policy changes for MEnD as  
15 a result of Ms. Bunker's suicide; is that  
16 true?

17 MR. NOVAK: Form. Go ahead.  
18 THE WITNESS: I don't recall any  
19 particular policy changes. However, in  
20 our company we are frequently  
21 reevaluating everything that we do and  
22 try to fine tune all of our process. I  
23 don't recall any particular policy  
24 change directly from this case, though.  
25

9 Q. So why not perform a similar review for other  
10 suicides such as Ms. Bunker's?  
11 A. I would do those reviews, I just wouldn't  
12 create a formal document about it.  
13 Q. So should there be emails somewhere  
14 reflecting reviews that were done related to  
15 Ms. Bunker?  
16 A. I don't know if there is emails related to  
17 that. I don't know.  
18 Q. Have you ever looked?  
19 A. If I have emails related to what?  
20 Q. Related to a mortality review or a similar  
21 review into Ms. Bunker's suicide?  
22 A. No, I haven't done a particular search for  
23 that.

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[REDACTED]

[REDACTED]

- 21 Q. Have you ever fired any MEnD employee for  
22 their conduct related to a suicide?  
23 A. I don't recall.  
24 Q. None that you can identify?  
25 A. I just don't recall.

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[REDACTED]

- 1 Q. Of the suicides that have occurred at MEnD,  
2 have you ever provided training specifically  
3 as a result of any one suicide?  
4 MR. NOVAK: I object to the form.  
5 THE WITNESS: I'd have to have you  
6 repeat that. I'm sorry.  
7 BY MR. STORMS:  
8 Q. Yeah. With respect to suicides that have  
9 occurred at MEnD facilities, has MEnD ever  
10 provided training specifically as a result of  
11 any one suicide?  
12 MR. NOVAK: Form.  
13 THE WITNESS: I can tell you in the  
14 Brenner case there was a couple of items  
15 that were rediscussed with staff at  
16 Sherburne following that. I just don't  
17 recall beyond that specifics.  
18 BY MR. STORMS:  
19 Q. What were the items that were rediscussed as  
20 a result of the Brenner case?  
21 A. I'd have to look at their agenda but one of  
22 them was encouraging that nursing do a  
23 chemical withdrawal flow sheet initiated once  
24 they've been identified to have an illegal  
25 substance on board. That was one. I don't

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1 recall what the other one was off the top of  
2 my head.  
3 Q. When you say agenda, what agenda are you  
4 talking about?  
5 A. We have monthly staff meetings.  
6 Q. And there was a monthly staff meeting where  
7 there were issues specific to Brenner that  
8 were discussed?  
9 A. I don't know if it was specific to Brenner  
10 but it included Brenner.  
11 Q. Did you review that agenda in preparation for  
12 today's deposition?  
13 A. Yes.  
14 Q. What other items were listed on that agenda?  
15 A. I just don't recall without seeing the  
16 document.  
17 Q. And the issue you've identified with respect  
18 to eMDs and signing your name, so we're going  
19 to go and do our own review of the eMD  
20 system, is that something that's easily  
21 recreated, something signing your name, is  
22 that something we could be shown?  
23 A. That event?  
24 Q. Yes.  
25 A. Yes, absolutely you could. We have test

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1 patients on there that we can show you.  
2 Q. And to the best of your knowledge, it's just  
3 not capable of having the right person sign  
4 off on these documents on eMDs at the  
5 Sherburne County Jail?  
6 A. Yeah, it's literally the signature stamp for  
7 whatever reason defaults to my name. And I  
8 don't believe it's on every encounter visit  
9 but it's on some.  
10 Q. And have you personally engaged in  
11 conversations with eMD?  
12 A. No. We discussed this earlier. I don't  
13 recall if I've had personal conversations  
14 with them directly or not, but I know Diana  
15 VanDerBeek has had multiple direct  
16 conversations with them and she's had  
17 multiple direct conversations with me about  
18 this issue. I just don't recall if I was on  
19 a conversation with them directly or not.  
20 Q. Are you familiar with Matthew Haas?  
21 A. Yes.

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[REDACTED]

8 Q. And MEnD made no specific changes to any of  
9 its policies or practices specifically as a  
10 result of any of those three suicides?

11 A. Nothing particular to those suicides. Again,  
12 we frequently are reviewing all of our  
13 processes, procedures, aspects of care. So  
14 changes could have been made along the way  
15 but they wouldn't be particular to each case.

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[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

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- 17 Q. I mean, aside from the county, is there --  
18 well, in Minnesota who provides oversight for  
19 MEnD, is it the Department of Corrections?  
20 A. **The Department of Corrections ultimately**  
21 **provides oversight for operations within a**  
22 **jail facility.**  
23 Q. Do they have to inspect and approve of the  
24 medical care that you are generally providing  
25 as an organization?

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- 1 A. **As it relates to their standards during their**  
2 **inspections and audits.**  
3 Q. Does DHS get involved in auditing you at all  
4 related to practicing medicine at the  
5 correctional facilities?  
6 A. **Not that I'm aware of.**  
7 Q. Any other third party entities? I guess the  
8 United States government does, right?  
9 A. **They certainly can. I am unaware if there**  
10 **has been that. Also depending on the agency**  
11 **that you house detainees for, they also have**  
12 **their inspections and standards and such.**  
13 Q. ICE does inspections?  
14 A. **Yep.**  
15 Q. So how about in Wisconsin, who is the  
16 governing body that does inspections of your  
17 jails?  
18 A. **Department of Corrections do regular**  
19 **inspections.**

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[REDACTED]

2 [REDACTED] MR. STORMS: Let's take a quick  
3 break.  
4 (A break was taken.)  
5 BY MR. STORMS:  
6 Q. Does MEnD internally have a definition that  
7 distinguishes acute suicidality from  
8 non-acute suicidality?  
9 A. I'm aware of those terms. I would say in our  
10 current policies and protocols we just don't  
11 classify people to those terms at this time.  
12 Q. Was there a distinction that was used back in  
13 October of 2017 between those two terms?  
14 A. Again, we don't really subscribe to those  
15 terms in our policies and protocols so I  
16 can't answer that.  
17 Q. So there was not a practice at MEnD to only  
18 commence suicide watches if someone was  
19 acutely suicidal?  
20 A. Well, our process is this, if they meet hard  
21 criteria to be on a suicide watch,  
22 absolutely. But anybody can put anybody on  
23 suicide watch if they have concerns. Medical  
24 staff, correctional staff.  
25 Q. What are the hard criteria that you just

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[REDACTED]

1 referenced?  
2 A. Well, it would mean more that if they had  
3 abnormalities or irregularities that created  
4 conversation with a medical provider, a  
5 medical provider or the mental health  
6 professional, may just solely on their own  
7 put someone on suicide watch as well.  
8 Q. And MEnD provides training to all its  
9 employees on an annual basis on suicidality?  
10 A. All nursing staff and higher.  
11 Q. And MEnD employees, in addition to having  
12 access to eMDs at Sherburne County, also have  
13 access to the ProPhoenix system?  
14 A. I forgot the first part of that question, I'm  
15 sorry.  
16 Q. In addition to eMDs, MEnD employees at the  
17 Sherburne County Jail also have access to the  
18 ProPhoenix system?  
19 A. Correct.  
20 Q. Are you aware of the fact as you sit here  
21 today that MEnD's investigation revealed that  
22 Dylan Brenner had a suicide flag on the  
23 ProPhoenix system?  
24 A. Yes, I'm aware that he had a suicide flag,  
25 it's a flag that is on ProPhoenix, once it's

<p style="text-align: right;">Page 197</p> <p>1    placed, it does not come off, it will follow 2    you no matter how long down the road. So 3    it's a suicide flag from a previous 4    incarceration.</p> <p>5 Q. It's something medical staff should be 6    inquiring into if they observe it, correct?</p> <p>7        <b>MR. NOVAK:</b> I object to the form.</p> <p>8        <b>THE WITNESS:</b> When involved in any 9        case, when that case requires that they 10      need to review those issues, they will 11      absolutely review them.</p> <p>12      <b>BY MR. STORMS:</b></p> <p>13 Q. So Christina Leonard, if she observed the 14      suicide flag in ProPhoenix, should have been 15      asking follow-up questions, correct?</p> <p>16        <b>MR. NOVAK:</b> I object to the form, 17      incomplete hypothetical.</p> <p>18        <b>THE WITNESS:</b> So unless there is 19      some risk of imminent harm described or 20      reported from booking, she would have 21      delved into those issues during her 22      face-to-face encounter with that 23      patient.</p> <p>24      <b>BY MR. STORMS:</b></p> <p>25 Q. And so if Dylan Brenner had a ProPhoenix flag</p>	<p style="text-align: right;">Page 199</p> <p>1    A. It can depending on the particular patient 2    and circumstances. And what is more 3    concerning is if they've got more recent 4    history of suicide risk, like within the last 5    three months.</p> <p>6 Q. Where does it say within three months 7    anywhere on MEnD's training?</p> <p>8 A. I don't know if it's in written form or not, 9    I'd have to look.</p> <p>10 Q. And you can't just take an inmate at their 11      word, can you, with respect to whether or not 12      they are suicidal based upon screening, 13      correct?</p> <p>14 A. Well, you take some of the their word 15      seriously, otherwise you'd never ask 16      questions. Of course you want to have those 17      questions answered and get their answers. It 18      just depends on the person, the context of 19      the situation and case.</p> <p>20 Q. Well, you created a logistics of intake video 21      with Michelle Skroch, correct?</p> <p>22 A. Skroch, yes.</p> <p>23 Q. And you say yourself, your own words, are 24      they are not going to just spoon feed this 25      information to you, those are your own words?</p>
<p style="text-align: right;">Page 198</p> <p>1    indicating that he was a suicide risk, you 2    would have expected that there would have 3    been a face-to-face during that initial shift 4    that night, correct, between someone from 5    MEnD and Dylan Brenner?</p> <p>6 A. Not necessarily. Because that suicide flag 7    can come from previous interactions. It 8    would have to be an initial presentation 9    facility, some sort of report of imminent 10      concern, imminent concerns about someone's 11      suicidal risk from the staff in the booking 12      department.</p> <p>13 Q. Well, why is it that prior suicidality is 14      assessed as part of the suicide risk 15      screening form?</p> <p>16 A. I'm sorry?</p> <p>17 Q. Why is prior suicidality assessed as a risk 18      in MEnD's suicide risk screening form?</p> <p>19 A. Because amongst a number of other useful 20      pieces of information, it's a useful piece of 21      information for us.</p> <p>22 Q. And individuals who have previously been 23      suicidal, that places them at an increased 24      risk for current suicidality as well based 25      upon MEnD's own training, correct?</p>	<p style="text-align: right;">Page 200</p> <p>1    A. I may have said that, I don't recall.</p> <p>2 Q. And so a MEnD professional, whether it's a 3      nurse or whomever else, who is assessing 4      whether or not someone might be suicidal has 5      to have an understanding that not all inmates 6      are going to be up front with respect to 7      their suicidal intentions, correct?</p> <p>8        <b>MR. NOVAK:</b> I object to the form, 9      incomplete hypothetical.</p> <p>10        <b>THE WITNESS:</b> Again, you have to 11      take the context of each patient on its 12      own merit. Each patient can be 13      considerably different.</p> <p>14      <b>BY MR. STORMS:</b></p> <p>15 Q. And Mr. Brenner had a ProPhoenix flag that 16      indicated he was a suicide risk, true?</p> <p>17        <b>MR. NOVAK:</b> Form.</p> <p>18        <b>THE WITNESS:</b> No. He had a suicide 19      flag, and that came from his previous 20      incarceration where he said incendiary 21      comments but never had any suicidal 22      ideation or behaviors or comments.</p> <p>23      <b>BY MR. STORMS:</b></p> <p>24 Q. In 2016 or 2017?</p> <p>25 A. 2016.</p>

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<p>1 Q. So did Christina Leonard look into that? 2 What is your understanding? 3 <b>A. My understanding is she didn't look into that</b> 4 <b>suicide flag because there would be no</b> 5 <b>particular need to at that time based on the</b> 6 <b>fact that she was getting no reports about</b> 7 <b>this patient being an imminent risk to his</b> 8 <b>own safety.</b></p> <p>9 Q. What about the fact that he was identified as 10 a suicide risk in the eMD system when 11 Christina Leonard accessed that, similarly 12 not relevant?</p> <p>13 <b>MR. NOVAK:</b> I object to the form, 14 misstates the prior testimony. Go 15 ahead.</p> <p>16 <b>MR. STORMS:</b> Which prior testimony? 17 Because Exhibit 80 expressly states 18 current problem, suicide risk.</p> <p>19 <b>MR. NOVAK:</b> Do you want to engage 20 me on the record on this? I'm happy to 21 do it.</p> <p>22 <b>MR. STORMS:</b> Yeah, go ahead.</p> <p>23 <b>MR. NOVAK:</b> He just gave you an 24 explanation that you don't like about 25 how these are context based and</p>	<p>1 she? 2 <b>MR. NOVAK:</b> I object to the form. 3 <b>THE WITNESS:</b> As I stated before, 4 that's something that would have been 5 done according to the process that we 6 have in place, and unless there is some 7 issue that comes to her from booking 8 that says, hey, this gentleman is at 9 imminent risk right now, I'm very 10 concerned about him hurting himself down 11 here, she would have reviewed these 12 pieces of information in the normal 13 process of his care.</p> <p>14 <b>BY MR. STORMS:</b></p> <p>15 Q. So Christina Leonard observes a suicide risk 16 denotation in eMDs, a suicide flag on 17 ProPhoenix, and has an understanding that 18 Mr. Brenner is in chemical withdrawal 19 relative to PCP, and it's your testimony that 20 Christina Leonard would not need to see 21 Mr. Brenner that evening before she completed 22 her shift?</p> <p>23 <b>MR. NOVAK:</b> Compound, misstates the 24 record. Go ahead and answer.</p> <p>25 <b>THE WITNESS:</b> I'd have to break</p>
Page 202	Page 204
<p>1 individual patient based. He also told 2 you how and when the flag is used and 3 you mischaracterized his testimony.</p> <p>4 <b>MR. STORMS:</b> That's not true at all 5 because the eMD system says suicide risk 6 right there. Correct? The eMDs.</p> <p>7 <b>MR. NOVAK:</b> My objection was that 8 you mischaracterized his testimony. And 9 you can feel free to review it when you 10 get the transcript. If you have a 11 question, go ahead and ask him.</p> <p>12 <b>BY MR. STORMS:</b></p> <p>13 Q. You have in front of you Exhibit 80, correct?</p> <p>14 <b>A. Correct.</b></p> <p>15 Q. And it identifies Dylan Brenner under current 16 problems as a suicide risk, correct?</p> <p>17 <b>A. Yes. So the issue with this is this was</b> <b>placed under current problems back in 2016,</b> <b>this current problem was never removed</b> <b>because he left abruptly, I believe it was on</b> <b>August 1st, and then when he arrived back in</b> <b>2017, no one had removed this yet on his</b> <b>current problem list.</b></p> <p>18 Q. So Christina Leonard needs to examine why 19 that's listed as a current problem, doesn't</p>	<p>1 apart of lot of that. Number one, I 2 can't speak for Christina Leonard 3 specifically as we sit here today which 4 item she saw at that time or not, I 5 don't know. Secondly, again, these are 6 useful pieces of information from his 7 past that are going to be important 8 during the normal course of care and 9 process at the facility, but unless she 10 hears something that is very concerning 11 from the booking staff during the course 12 of this gentleman's booking process, 13 she'll be seeing this patient as she 14 normally would.</p> <p>15 <b>BY MR. STORMS:</b></p> <p>16 Q. Hold on now. You are designated under topic 17 number 24 related to MEnD's investigation 18 into the suicide of Dylan Brenner.</p> <p>19 <b>A. I'm not sure what you are referencing.</b></p> <p>20 <b>MR. NOVAK:</b> That's not a question.</p> <p>21 <b>BY MR. STORMS:</b></p> <p>22 Q. I'm referencing Exhibit 103, the deposition 23 notice, topic number 24.</p> <p>24 <b>A. Understood.</b></p> <p>25 Q. So you are identified as a witness today on</p>

1 behalf of MEnD relative to the investigation 2 into Dylan Brenner's suicide, you understand 3 that? <b>4 A. Yes.</b> 5 Q. Are you prepared to provide testimony on 6 that? <b>7 A. I am.</b> 8 Q. As part of MEnD's investigation did it learn 9 whether or not Christina Leonard identified 10 that Dylan Brenner's eMD file reflected that 11 he was a suicide risk? <b>12 MR. NOVAK:</b> Form. Go ahead. <b>13 THE WITNESS:</b> I don't recall as we 14 sit here today if she had seen both of 15 those pieces of information or not. I 16 don't recall. <b>17 BY MR. STORMS:</b> 18 Q. You know she saw at least one of them? <b>19 A. I don't know.</b> 20 Q. Okay. <b>21 A. I don't recall.</b> 22 Q. So this is your patient who died and someone 23 you supervised and you don't know whether or 24 not the nurse who reviewed both his 25 correctional file and his eMD files knows if	Page 205 1 suicide risk when she accessed it? 2 <b>MR. NOVAK:</b> Form, asked and 3 answered. <b>4 THE WITNESS:</b> First of all, this is 5 historical information so it doesn't 6 state that he's a suicide risk currently 7 on eMDs, it just says that he's had a 8 history of that. <b>9 BY MR. STORMS:</b> 10 Q. What does it say? It says current risk, 11 correct? <b>12 A. It says --</b> 13 Q. Or it says current problems? <b>14 A. Yes, and patient just arrived in the</b> <b>15 facility. So it has to be from a previous</b> <b>16 incarceration.</b> 17 Q. But it reflected that that current problem 18 was a suicide risk, that was listed on the 19 chart? <b>20 MR. NOVAK:</b> Asked and answered. <b>21 THE WITNESS:</b> Again, I'm telling 22 you that suicide risk is listed under 23 current problems, it wasn't a current 24 problem when she would have opened this 25 chart.
Page 206 1 he was identified as a prior suicide risk? <b>2 MR. NOVAK:</b> Form, foundation. <b>3 THE WITNESS:</b> So I'll back that up 4 for a second. It wouldn't be one of the 5 normal processes that she would have 6 been conducting at that time unless 7 there was something significant brought 8 to her ahead of time. Hey, we got 9 imminent concerns about this patient 10 right now in booking based on our 11 questioning and assessment of this 12 patient. She would have had a deep dive 13 into that information when it was her 14 turn to see this patient. <b>15 BY MR. STORMS:</b> 16 Q. But if you access ProPhoenix, there is a flag 17 that says it right there, correct, on the 18 first page you enter you have to see that 19 flag? <b>20 A. I will agree with you that there is suicide</b> <b>21 flag that sits in the front page of</b> <b>22 ProPhoenix.</b> 23 Q. And that's the front page of eMDs that given 24 you in Exhibit 81, and on the front page of 25 eMDs it reflected that Dylan Brenner was a	Page 206 1 <b>BY MR. STORMS:</b> 2 Q. But she had an understanding that it was 3 listed as a current problem, or she had to 4 have seen it was listed as a current problem, 5 and she had to have seen a suicide flag on 6 ProPhoenix, both of those things have to be 7 true, don't they? <b>8 MR. NOVAK:</b> I object to the form, 9 compound. <b>10 THE WITNESS:</b> I've already answered 11 this. I can't tell you with certainty 12 that she saw these items. <b>13 BY MR. STORMS:</b> 14 Q. Did you ever talk to her? <b>15 A. I have.</b> 16 Q. Did you talk to her in preparation for your 17 deposition today? <b>18 A. No.</b> 19 Q. When you went and talked to her, did you ever 20 ask her if she observed the flag in 21 ProPhoenix? <b>22 A. I'm sure I did, I just don't recall whether</b> <b>23 she saw these items or not. I just don't</b> <b>24 recall.</b> 25 Q. So did you ask her if she saw that problem on

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<p>1 eMDs?</p> <p>2 A. I don't recall. And again, I will go back to 3 the fact that they are useful pieces of 4 information to notice, but unless there is an 5 issue of imminent risk that's being brought 6 to you as a nurse, you are going to discuss 7 these with this patient when it's your turn 8 to see that patient. Unless there is 9 something that is brought to you immediately 10 by booking staff or the like, you are going 11 to have them complete their process there and 12 then see the patient.</p> <p>13 Q. Well, if it was testified by -- if it was 14 testified to by Kris Bauman -- or I'm sorry, 15 if it was testified to by Rebecca Lucar that 16 she informed Kristina Bauman that Dylan 17 Brenner was a suicide risk, should Kristina 18 Bauman have seen Dylan Brenner?</p> <p>19 MR. NOVAK: I object to the form, 20 misstates the testimony, incomplete 21 hypothetical.</p> <p>22 THE WITNESS: I don't characterize 23 the conversation that Rebecca Lucar had 24 with Kris Bauman the way you just 25 described. From what I understand, the</p>	<p>1 <b>BY MR. STORMS:</b></p> <p>2 Q. Where are you developing your understanding 3 that Rebecca Lucar did not inform Kris Bauman 4 that there were suicide concerns related to 5 Dylan Brenner, what is that based on?</p> <p>6 MR. NOVAK: Form.</p> <p>7 THE WITNESS: My review of the 8 case.</p> <p>9 <b>BY MR. STORMS:</b></p> <p>10 Q. What, though? Is it talking to people, is it 11 reviewing documents, what is that based on?</p> <p>12 A. I think it's all of the above.</p> <p>13 Q. So as you sit here today, though, you cannot 14 tell me whether or not Christina Leonard 15 reviewed the eMDs or ProPhoenix flags related 16 to Dylan Brenner and suicidality, right?</p> <p>17 A. What I'm telling you is I don't recall 18 whether she did or not, but that wouldn't be 19 a mandate to the care that he was supposed to 20 get at that time based on the situation.</p> <p>21 Q. Well, she would need to review the 22 constellation of all of his symptoms after 23 getting that information, correct?</p> <p>24 MR. NOVAK: Form.</p> <p>25 THE WITNESS: Getting what</p>
Page 210	Page 212
<p>1 conversation was this patient is going 2 to be having a prolonged booking 3 process, he has reported that he takes 4 medical marijuana, would probably be a 5 good idea to have a urine drug screen 6 taken given the length of that process, 7 and so that's what they did.</p> <p>8 <b>BY MR. STORMS:</b></p> <p>9 Q. So to the best of your understanding, 10 Kristina Bauman was never informed by Rebecca 11 Lucar that Dylan Brenner was a suicide 12 concern?</p> <p>13 MR. NOVAK: I object to the form.</p> <p>14 THE WITNESS: All I know is this, 15 is that I know that from my 16 understanding there was never any 17 concerns that I'm acutely concerned 18 about this gentleman. In fact, 19 Sherburne County has a rightfully so 20 aggressive track record if there was 21 great concern about this man's safety 22 for suicide, it is very common, 23 incredibly common, for them to put him 24 in Kevlar on suicide watch before they 25 even make the phone call.</p>	<p>1 information? I'm sorry.</p> <p>2 <b>BY MR. STORMS:</b></p> <p>3 Q. If she observes that Dylan Brenner has a 4 prior history of suicidality at the Sherburne 5 County Jail, she needs to take that 6 information and assess it along with all the 7 other information in her possession, correct?</p> <p>8 MR. NOVAK: Asked and answered.</p> <p>9 THE WITNESS: And as I stated 10 before, that's exactly what she would 11 have done.</p> <p>12 <b>BY MR. STORMS:</b></p> <p>13 Q. Well, did she do that?</p> <p>14 A. Not at that time. And again, because of the 15 process that we were going through, and no 16 reports of any imminent concerns on this man, 17 we're greatly worried about this man's safety 18 right now, she was going to follow the 19 process, see this patient when it was her 20 turn to see him, and review his information 21 with him.</p> <p>22 Q. Did you ever expressly ask Christina Leonard 23 why she did not see Dylan Brenner that 24 evening?</p> <p>25 A. I don't recall. I don't recall that question</p>

<p style="text-align: right;">Page 213</p> <p>1     <b>or not. I don't recall.</b></p> <p>2 Q. So can you tell me anything about your 3     conversation with Christina Leonard in terms 4     of the information she conveyed to you 5     relative to Dylan Brenner?</p> <p>6 A. <b>I'm just telling you I don't recall the 7     specifics of it. I can tell you I reviewed 8     the situation. I don't recall what 9     particulars were in that conversation but 10    I've reviewed the situation, I've reviewed 11    the activities and actions taken by our 12    staff, and they were doing things 13    appropriately given the situation.</b></p> <p>14 Q. Has anyone ever asked Christina Leonard from 15    MEnD whether or not she observed the suicide 16    risk denotation on eMDs or the suicide flag 17    on ProPhoenix?</p> <p>18 A. <b>I don't know if those questions were asked 19    specifically. I just can't answer the 20    specifics of that conversation.</b></p> <p>21 Q. What did you do to prepare to give me 22    information about the specifics of those 23    conversations as the 30(b)(6) designee for 24    today?</p> <p>25 A. <b>I reviewed everything that I had at my</b></p>	<p style="text-align: right;">Page 215</p> <p>1     <b>MR. NOVAK:</b> I object to the form.</p> <p>2     <b>THE WITNESS:</b> What I'm saying is I 3     think her decision that maybe not to see 4     him at that time was very appropriate to 5     the situation and information that she 6     had.</p> <p>7     <b>BY MR. STORMS:</b></p> <p>8 Q. And you wouldn't tell her to do anything 9     differently today?</p> <p>10 A. <b>Regarding?</b></p> <p>11 Q. Regarding her decision not to see Dylan 12    Brenner?</p> <p>13     <b>MR. NOVAK:</b> Form.</p> <p>14     <b>THE WITNESS:</b> I would not have any 15     issue with what -- the way she conducted 16     herself in regard to having them 17     complete the booking process, knowing 18     that she was not getting any kind of 19     grave concerns about this man's safety 20     from booking, allow them to finish the 21     booking process, and then let's see the 22     patient.</p> <p>23     <b>BY MR. STORMS:</b></p> <p>24 Q. So if you are training your nurses at MEnD 25     today and you tell them you have an inmate</p>
<p style="text-align: right;">Page 214</p> <p>1     <b>disposal for this case.</b></p> <p>2 Q. Could you have had a conversation with 3     Christina Leonard before you provided 4     testimony today?</p> <p>5 A. <b>I don't believe I can because she is on 6     maternity leave.</b></p> <p>7 Q. So you believe that you are unable to talk to 8     her because she's on maternity leave?</p> <p>9 A. <b>I guess it's a concern, yes.</b></p> <p>10 Q. Did you have a conversation with Diana 11    VanDerBeek in preparation for today's 12    deposition?</p> <p>13 A. <b>I had -- I gathered information from her but 14    I didn't discuss merits of the case.</b></p> <p>15 Q. So your preparation to provide testimony 16    today relative to the investigation into 17    Dylan Brenner, what did that preparation 18    consist of?</p> <p>19 A. <b>Reviewing all the information I had before 20    me, medical records, documents, deposition 21    transcripts, all of it.</b></p> <p>22 Q. And it's your testimony that Christina 23    Leonard's decision not to see Dylan Brenner 24    on the evening of October 6, 2017, conformed 25    to the nursing standard of care?</p>	<p style="text-align: right;">Page 216</p> <p>1     who is there who has come into the jail and 2     they have in their eMDs and their ProPhoenix 3     a noted history of suicidality, your training 4     would tell them unless you observe something 5     else, you don't need to see them outside of 6     the ordinary course of business?</p> <p>7     <b>MR. NOVAK:</b> Form, foundation, 8     incomplete hypothetical. Go ahead.</p> <p>9     <b>THE WITNESS:</b> That's a long 10    question. I would, first of all, argue 11    that this patient did not have 12    suicidality in his past, there was 13    precautions taken in his past given an 14    outburst that he had, and was taken off 15    of that fairly quickly. I would say 16    given all the information that was 17    happening that evening and the concern 18    that she was not getting, I would expect 19    her to go through her normal course of 20    operations.</p> <p>21     <b>BY MR. STORMS:</b></p> <p>22 Q. If there wasn't a past history of 23     suicidality, why was he in Kevlar before?</p> <p>24 A. <b>Because they were being precautionary.</b></p> <p>25 Q. And why would you have in a medical record</p>

1       that he was a suicide risk if there wasn't a 2       past history of suicidality?  3 <b>A. Because as I explained to you before, for a 4       nurse to complete and sign off on her chart 5       or document in eMDs, you have to put 6       something that is somewhat relative to the 7       situation. That problem was put in by a 8       nurse, the patient left abruptly I believe it 9       was Monday, August 1st, that was never taken 10      out of there as not a current issue anymore, 11      and then when this patient arrived, it was 12      very quickly thereafter that they are 13      classifying him, screening him, and booking.</b>  14 <b>Q. So are you saying that if he would have left 15       in the ordinary course they would have 16       removed that suicide risk from the current 17       problems and wouldn't have that denoted any 18       longer in eMDs?</b>	Page 217	1       both in eMDs and ProPhoenix a prior history 2       of suicidality, that they can wait in terms 3       of -- they can wait, I don't know, 24 hours 4       to see an inmate before they assess them for 5       suicidality?  6 <b>MR. NOVAK:</b> Form, asked and 7       answered.  8 <b>THE WITNESS:</b> So I wouldn't 9       characterize, first of all, as 10      suicidality. And you'll have to repeat 11      the question, it was a long question.  12 <b>BY MR. STORMS:</b> 13 <b>Q. If you provide training to your staff at MEnD 14       today, is it your testimony that if they 15       observe a history of suicidality in eMDs and 16       ProPhoenix, that they can wait 24 hours 17       before they personally meet with that inmate?</b>  18 <b>MR. NOVAK:</b> Form.  19 <b>THE WITNESS:</b> We don't train on a 20       specific waiting period, what we train 21       them on is go through the process, 22       unless you've got an issue that's coming 23       from booking, let them complete the 24       booking process and then let's see the 25       patient and let's review all the	Page 219
1 <b>BY MR. STORMS:</b> 2 <b>Q. And it's not important to review past 3       problems when you have a new inmate come in?</b>  4 <b>A. It's absolutely important to do it in the 5       normal course of your operations and the 6       normal course of what you are supposed to do 7       based on the information you have. And 8       again, there is no information being given to 9       us that this man is exhibiting anything that 10      is giving them grave concerns about his 11      safety, so the decision to wait until they 12      are done with the booking process, in my 13      opinion, is very appropriate.</b>  14 <b>Q. And so just to be clear, because you are 15       ultimately responsible for training, correct, 16       the training that's provided, you have to a 17       approve it?</b>  18 <b>A. So we've discussed this before as well, I 19       approve, ultimately approve, but our training 20       curriculum and activities is all a team 21       effort. We put that together as a team and 22       then I ultimately approve it.</b>  23 <b>Q. And so in terms of training your staff at 24       MEnD who operate under your license, is it 25       your testimony that if your staff observes</b>	Page 218	1       pertinent information and develop a 2       plan.  3 <b>BY MR. STORMS:</b> 4 <b>Q. So when was that going to happen for Dylan 5       Brenner?</b>  6 <b>A. It would have been late afternoon to early 7       evening on Saturday the 7th.</b>  8 <b>Q. And the fact that he had these prior 9       suicidality denotations in eMDs and 10      ProPhoenix does not impact that timing at 11       all?</b>  12 <b>MR. NOVAK:</b> Form.  13 <b>THE WITNESS:</b> It would happen much 14       sooner and, again, I don't characterize 15       those as suicidality, for the record I'm 16       going to state that. Secondly is unless 17       there was a concern that was being 18       brought up initially from the booking 19       staff, they would have just followed the 20       process, okay, he's completed with his 21       booking, his booking process, here is 22       the information, now let's sit down with 23       this gentleman and talk about all of his 24       care.	Page 220

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<p>1 <b>BY MR. STORMS:</b></p> <p>2 Q. Are you distinguishing as a technicality 3 between suicide risk and suicidality?</p> <p>4 A. <b>Oh, I don't call it a technicality at all.</b></p> <p>5 Q. There is a difference?</p> <p>6 A. <b>Everybody has suicide risk. Suicidality 7 would be a number of factors that you would 8 be aware of of imminent risk.</b></p> <p>9 Q. Well, if someone is placed in Kevlar, that's 10 because there is a concern about imminent 11 risk, correct?</p> <p>12 A. <b>So if someone is placed in Kevlar 15 months 13 ago and is subsequently taken off of that 14 full precautionary watch, that becomes less 15 of an issue than a gentleman who was placed 16 in Kevlar 30 minutes ago.</b></p> <p>17 Q. Mr. Brenner left on special precautions 18 still, though, didn't he?</p> <p>19 A. <b>He left on a 30 minute mental health watch, 20 the lowest mental health watch we have 21 without having a watch at all.</b></p> <p>22 Q. But still had not been cleared for general 23 population without a watch, correct?</p> <p>24 A. <b>I don't recall if he was cleared for general 25 pop, I believe he was. But a lot of patients</b></p>	<p>1 <b>from the nursing staff, all of that would 2 determine -- and any consultation that was 3 required therein would determine if this 4 patient should be on any mental health watch 5 at all or what level if so.</b></p> <p>6 Q. So just to get this straight, are you saying 7 that Dylan Brenner in 2016 wasn't a suicide 8 risk?</p> <p>9 A. <b>I would say this, that he showed some anger 10 and because of that anger people put him on 11 full precautions, discussed the case with 12 him, had a mental health professional 13 evaluate him, and then was quickly taken off 14 of it.</b></p> <p>15 Q. So your staff chose the word suicide risk, 16 correct? They wrote that down?</p> <p>17 A. <b>And I discussed that with you and explained 18 that already.</b></p> <p>19 Q. What, though? What have you explained? 20 Right there in eMDs they wrote down suicide 21 risk, right?</p> <p>22 <b>MR. NOVAK:</b> I object to the form. 23 You are getting pretty argumentative, 24 Jeff.</p> <p>25 <b>MR. STORMS:</b> I'm very argumentative</p>
Page 222	Page 224
<p>1 <b>can be in general population with a 30 minute 2 mental health watch. What it does is it 3 causes the correctional officers to document 4 more information during those visits for us.</b></p> <p>5 Q. Does it impact your analysis at all if he was 6 not cleared for general population in 2016?</p> <p>7 A. <b>If he would have left on suicide watch.</b></p> <p>8 Q. If he left on administrative segregation?</p> <p>9 A. <b>Those are two different things. If he left 10 on suicide watch, the booking department 11 would have put him back on suicide watch. 12 I'm very confident of that.</b></p> <p>13 Q. If he leaves on admin seg, he has to return 14 to admin seg, correct?</p> <p>15 A. <b>I believe that is the policy of Sherburne 16 County.</b></p> <p>17 Q. And if he was on a mental health watch when 18 he left, he should return to that mental 19 health watch?</p> <p>20 A. <b>Not necessarily. That's not a policy.</b></p> <p>21 Q. Who assesses whether or not he should return 22 to a mental health watch?</p> <p>23 A. <b>That's what this process is all about. Going 24 through the booking process, the 25 classification process, the health assessment</b></p>	<p>1 because their records are nonsense. 2 Your employee wrote --</p> <p>3 <b>MR. NOVAK:</b> Hang on. We're not 4 doing the little one off with the 5 comments like that. Can you just --</p> <p>6 <b>MR. STORMS:</b> I'll give you two. We 7 have a doctor who signs a bunch -- his 8 name has signed thousands of documents 9 and then he writes suicide --</p> <p>10 <b>MR. NOVAK:</b> Jeff, if you want to 11 ask him a question --</p> <p>12 <b>MR. STORMS:</b> I was asking him a 13 question.</p> <p>14 <b>MR. NOVAK:</b> Quit pointing at the 15 witness is my problem.</p> <p>16 <b>BY MR. STORMS:</b></p> <p>17 Q. Your employee identified suicide risk. Your 18 employee wrote that down, correct, in Exhibit 19 80?</p> <p>20 A. <b>And as I explained before, our nursing staff, 21 because they have to put something in eMDs 22 under assessment that is somehow related to 23 what they are doing, otherwise they can't 24 sign off on the document, put in suicide risk 25 as her -- and then at that point the patient</b></p>

<p style="text-align: right;">Page 225</p> <p>1   <b>was put in full precautions, and then</b>      2   <b>subsequently a mental health professional</b>      3   <b>evaluated him and then took him off of those</b>      4   <b>precautions after that visit.</b></p> <p>5 Q. Are you saying that suicide risk is a form      6 entry that that person had to choose, that it      7 wasn't their own words that they chose?</p> <p>8 A. <b>I don't understand the question, sorry.</b></p> <p>9 Q. Well, they chose to write suicide risk, could      10 they have written suicidal, did they have the      11 option or the ability to write that if they      12 wanted to?</p> <p>13 A. <b>I would have to explore what their options</b>      14 <b>were. I just don't have it committed to</b>      15 <b>memory every option they have to put in</b>      16 <b>there.</b></p> <p>17 Q. So you don't know whether or not -- but your      18 testimony was they have to put something in      19 due to the eMD system. So you don't know,      20 though, whether or not they can choose their      21 own words or have to choose words that are      22 selected for them?</p> <p>23 A. <b>There is a finite number of options that you</b>      24 <b>can choose from.</b></p> <p>25 Q. So look at Exhibit 80, what's listed in</p>	<p style="text-align: right;">Page 227</p> <p>1   selection?</p> <p>2 A. Yes.</p> <p>3 Q. And I'm asking you whether or not you believe      4 hanging self to be something that is a      5 predetermined selection?</p> <p>6 A. Okay. So there is a lot you said there.      7 What I tried to explain to you earlier is you      8 only have so many options to choose from in      9 eMDs, I don't know off the top of my head how      10 many options there are. But there are      11 options that you can choose from. I'm not      12 even sure if a nurse can pretext an      13 assessment title.</p> <p>14 Q. So you don't know if hanging self is pretext      15 or selected?</p> <p>16 A. I believe it is one of the options that you      17 have.</p> <p>18 Q. Hanging self?</p> <p>19 A. I believe so.</p> <p>20 Q. Okay. So when we do our inspection, we'll be      21 able to take a look at those options on eMDs?</p> <p>22 A. You should be.</p> <p>23 Q. Okay. And did you go back and ever look at      24 the audit trail to determine when those      25 current problems were listed in eMDs?</p>
<p style="text-align: right;">Page 226</p> <p>1   current problems?</p> <p>2 A. <b>I have reviewed this, I'm aware of it.</b></p> <p>3 Q. And what does it say on Exhibit 80 for      4 current problems, what are they listed as?</p> <p>5 A. <b>Hanging self, medication started. I can't</b>      6 <b>read it. I'm sorry. Patient --</b>      7         MR. NOVAK: It's tough to read. Do      8         you have --</p> <p>9 <b>BY MR. STORMS:</b></p> <p>10 Q. Let me ask you this -- and I will take that      11 copy back because he has one. Is it your      12 understanding that hanging self is one of the      13 finite options in eMDs?</p> <p>14 A. <b>Am I aware of that? I am aware of that</b>      15 <b>because it's in there.</b></p> <p>16 Q. I know, but are you saying that that's a      17 finite option, the words hanging self, in      18 current problems?</p> <p>19 A. <b>I'm not understanding the question. I'm</b>      20 <b>sorry.</b></p> <p>21 Q. Well, I asked you about suicide risk and      22 whether or not those were words that were      23 chosen by your employee, or if it's a form      24 selection. And you had said you are not sure      25 whether or not they are a finite or infinite</p>	<p style="text-align: right;">Page 228</p> <p>1 A. <b>Did I use an audit trail? I used medical</b>      2 <b>records because there is notes created that</b>      3 <b>-- and it explains to you on the health</b>      4 <b>summary when those were entered. You don't</b>      5 <b>need an audit trail to determine that.</b></p> <p>6 Q. So I'm asking you whether or not you ever      7 went and reviewed an audit trail to determine      8 the times that those current problems were      9 entered?</p> <p>10 A. <b>And my answer is no because I didn't need it.</b></p> <p>11 Q. Why?</p> <p>12 A. <b>Because it's evident right on the chart when</b>      13 <b>those were entered.</b></p> <p>14 Q. And you have an understanding that suicide      15 risk was entered prior to Dylan Brenner      16 committing suicide?</p> <p>17 A. <b>It was entered in 2016 during a nursing</b>      18 <b>assessment.</b></p> <p>19 Q. And if Christina Leonard -- so did you ever      20 ask Christina Leonard if she went back and      21 reviewed any of Dylan Brenner's historical      22 records?</p> <p>23 A. <b>You've asked me this already, and I answered</b>      24 <b>it.</b></p> <p>25 Q. You don't remember if you asked her or you</p>



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10 Q. And adequate care in the Brenner matter?

11 A. Correct.

14 Q. Has MEnD ever provided inadequate care, in  
15 your opinion, with respect to a suicide?

16 MR. NOVAK: Form, asked and  
17 answered.

18 THE WITNESS: I don't believe so,  
19 no.

20 BY MR. STORMS:

21 Q. So the only thing that MEnD could have done  
22 better in relation to any of these suicides  
23 would just be to document good work better?

24 MR. NOVAK: Form.

25 THE WITNESS: No. What I'm saying

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1 is in a couple of these cases there was  
2 some documentation issues that we  
3 addressed. But I feel like each one of  
4 those patients received adequate and  
5 appropriate care.

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[REDACTED]

[REDACTED]

11 BY MR. STORMS:

12 Q. Even your contract, such as the one with  
13 Sherburne County, even denote that you have  
14 to have access to your patient's medical  
15 files even after termination of MEnD  
16 services?

17 A. As required, yeah.

18 Q. And my understanding is that you had paid a  
19 settlement on the Josh Holscher case as well?

20 A. No. We were never sued on the Josh Holscher  
21 case.

22 Q. Aside from Kyle Allan Baxter-Jensen, are  
23 there other cases where MEnD has paid a  
24 settlement to resolve the case?

25 A. Irregardless of suicide?

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10 Q. And you prefer that your name not be  
11 incorrectly affixed as a signature to the  
12 Brenner and Lynas files?

13 A. I would prefer that the eMD system worked  
14 correctly and not have my name switched  
15 somehow as a signature stamp.

1 Q. No. Specifically with respect to suicide?

2 A. I just want to be correct on this. No.

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4 Q. Have you ever been sued for medical  
5 malpractice aside from your work at MEnD?  
6 A. No, I don't believe -- I don't believe I've  
7 ever been sued for medical malpractice.  
8 Q. Are you involved with the hiring process for  
9 nurses at MEnD?  
10 A. Peripherally. More so when requested when  
11 questions arise when they want my opinion.  
12 Q. Are you aware of what is done in terms of  
13 background checks for employees?  
14 A. Yeah. There is a system of vetting from our  
15 HR director, they have to be cleared through  
16 the Minnesota BCA. All of our employees have  
17 to be. And then depend on the facility or  
18 facilities where they intend to work, each  
19 one of those facilities needs to individually  
20 clear them as well.  
21 Q. Are you aware of the fact that Amanda Nowell  
22 was working for you at the Sherburne County  
23 Jail but then attempted to get hired by the  
24 county itself?  
25 A. I'm aware of that.

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1 Q. And you are aware of the fact that they had  
2 found a number of items in her background  
3 that disqualified her from working for you at  
4 the jail?  
5 A. I have no idea specifically what they found,  
6 it was only reported that during her  
7 application to become a county employee of  
8 some sort they found something that they  
9 missed in her previous background check  
10 process that bothered them this time and  
11 because of that fact, they had to disqualify  
12 her from coming into the facility.

13 MR. NOVAK: Go off for just one  
14 second.

15 (There was a discussion off  
16 the record.)

17 BY MR. STORMS:

18 Q. Who participates in the drafting of quarterly  
19 reports at MEnD for Sherburne County?  
20 A. It's, again, a team approach. There is staff  
21 at Sherburne County that assists in  
22 preparation for these, there is corporate  
23 staff that participate in those, director of  
24 nursing participates, and I participate.

22 Q. Did you attend debriefings related to the  
23 suicide of Dylan Brenner?

24 A. I did not.

25 Q. Did you attend any meetings related to the

<p>1      suicide of Dylan Brenner?</p> <p>2 A. That's a broad question. Can you be more 3 specific?</p> <p>4 Q. Did you meet with other individuals from MEnD 5 or Sherburne County to discuss the suicide of 6 Dylan Brenner?</p> <p>7 A. Other than my investigation of his death and 8 any preliminary conversation I would have had 9 with jail administration, and then our 10 quarterly meeting with Sherburne, I don't 11 recall any others.</p> <p>12 Q. Who did you specifically speak to as part of 13 your investigation into Dylan Brenner's 14 suicide?</p> <p>15 A. I don't have an exhaustive list committed to 16 memory today.</p> <p>17 Q. Tell me who you recall speaking to?</p> <p>18 A. At some point I spoke to Pat Carr, Diana 19 VanDerBeek, Michelle Skroch, Christina 20 Leonard. And beyond that I just don't recall 21 specific names.</p> <p>22 Q. What would have been the purpose of talking 23 to Michelle Skroch?</p> <p>24 A. Being the director of nursing and supervisor 25 for Diana VanDerBeek, I felt it important</p>	
<p style="text-align: right;">Page 246</p> <p>1      that she at least be aware of what I was 2      doing and any other questions she wanted to 3      ask or inject or --</p> <p>4 Q. Did she participate into the investigation of 5      Dylan Brenner's suicide?</p> <p>6 A. Loosely. Loosely.</p> <p>7 Q. Who participated in the investigation related 8      to James Lynas's suicide?</p> <p>9 A. I don't recall off the top of my head. I can 10 tell you that Diana VanDerBeek would have 11 been involved, Michael Robertson would have 12 been involved, Linda Pantzke would have been 13 involved, Jen Thompson would have been 14 involved. And beyond that I just don't 15 recall the others.</p> <p>16 Q. Who is Jen Thompson?</p> <p>17 A. Supervisory nurse at Sherburne County Jail.</p> <p>18 Q. So she's below Diana VanDerBeek?</p> <p>19 A. Diana VanDerBeek is her direct report.</p> <p>20 Q. When would she have been on duty as a 21 supervisory nurse typically?</p> <p>22 A. Depends when you are asking.</p> <p>23 Q. Do you know if she was on duty at the time of 24 Dylan Brenner's suicide?</p> <p>25 A. I don't believe so.</p>	

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<p>1 A. <b>Can you repeat that again? I'm sorry.</b></p> <p>2 Q. Do you recall if you needed to provide</p> <p>3 information relative to the suicides of Dylan</p> <p>4 Brenner and James Lynas as part of those</p> <p>5 accreditation processes?</p> <p>6 A. <b>I don't recall.</b></p> <p>7 Q. Have you ever been interviewed by law</p> <p>8 enforcement as part of an investigation into</p> <p>9 the suicide of Dylan Brenner?</p> <p>10 A. <b>No.</b></p> <p>11 Q. Have you ever been interviewed by law</p> <p>12 enforcement as part of the investigation into</p> <p>13 any inmate who committed suicide at one of</p> <p>14 your facilities?</p> <p>15 A. <b>It's possible I may have been interviewed, I</b></p> <p>16 <b>don't know, it's possible for the Kyle Baxter</b></p> <p>17 <b>case, but I just don't recall.</b></p> <p>18 Q. Did MEnD have to provide any interviews to</p> <p>19 the Department of Correction -- did anyone</p> <p>20 from MEnD have to provide interviews to the</p> <p>21 Department of Corrections as part of Dylan</p> <p>22 Brenner's suicide?</p> <p>23 A. <b>I don't believe so.</b></p> <p>24 Q. Are you aware of the Department of</p> <p>25 Corrections conducting -- or have you ever</p>	<p>1 Thank you.</p> <p>2 (Whereupon, the deposition</p> <p>3 was concluded at 4:15 p.m.)</p> <p>4 * * *</p> <p>5 <b>(REPORTER'S NOTE:</b> The original deposition</p> <p>6 transcript is being delivered to Mr. Storms,</p> <p>7 after the completion of the reading and</p> <p>8 signing, pursuant to Rule 30.06 of the Rules</p> <p>9 of Civil Procedure, for filing with the</p> <p>10 Court.)</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>						
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<p>1 personally had to give an interview to the</p> <p>2 Department of Corrections as part of the</p> <p>3 suicide of any inmate that occurred in MEnD's</p> <p>4 care?</p> <p>5 A. <b>I can recall having one conversation with a</b></p> <p>6 <b>DOC inspector about a case, but I don't</b></p> <p>7 <b>recall if it was actually a case that</b></p> <p>8 <b>involved a death or it was just a case in</b></p> <p>9 <b>general they had some concerns with, I just</b></p> <p>10 <b>don't recall.</b></p> <p>11 Q. What were the concerns in that case?</p> <p>12 A. <b>That's what I mean, I don't recall which it</b></p> <p>13 <b>was. I can remember talking to a DOC</b></p> <p>14 <b>inspector regarding a particular case, I just</b></p> <p>15 <b>can't remember which one it was.</b></p> <p>16 MR. STORMS: I'm going to be</p> <p>17 finished with questions for now but I'm</p> <p>18 going to continue to maintain that we</p> <p>19 should be permitted to conduct</p> <p>20 additional -- or obtain additional</p> <p>21 deposition testimony regarding topics 30</p> <p>22 and 31 relative to the collection and</p> <p>23 preservation efforts.</p> <p>24 MS. ANGOLKAR: I have no questions.</p> <p>25 MR. NOVAK: We'll read and sign.</p>	<p>1 I, TODD LEONARD, having read my deposition, do</p> <p>2 hereby attest to the accuracy of its</p> <p>3 transcription, noting any changes and the reasons</p> <p>4 therefore below.</p> <p>5 DATED:</p> <p>6 sah</p> <p>7</p> <p>8 <table style="width: 100%;"><thead><tr><th style="text-align: left; width: 30%;">Page and</th><th style="text-align: center; width: 30%;">CHANGE</th><th style="text-align: right; width: 40%;">REASON</th></tr></thead><tbody><tr><td style="text-align: left;">Line No.</td><td></td><td></td></tr></tbody></table></p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	Page and	CHANGE	REASON	Line No.		
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1 STATE OF MINNESOTA) ) ss:  
2 COUNTY OF HENNEPIN)  
3 BE IT KNOWN, that I, STACY ANN HUTCHINSON,  
Court Reporter, a Notary Public in and for the  
4 County of Hennepin, State of Minnesota, certify  
that the foregoing is a true record of the  
5 deposition of TODD LEONARD, who was first duly  
sworn by me in my presence and reduced to writing  
6 in accordance with my stenographic notes made at  
said time and place.  
7

I further certify that I am not a relative or  
8 employee or attorney or counsel of any of the  
9 parties or a relative or employee of such  
attorney or counsel;

10 That I am not financially interested in the  
action and have no contract with the parties,  
11 attorneys, or persons with an interest in the  
action that affects or has a substantial tendency  
to affect my impartiality;

13 That all parties who ordered copies have been  
charged at the same rate for such copies;  
14

15 That the right to read and sign the deposition  
by the witness was not waived.

16 IN WITNESS WHEREOF, I have hereunto set my  
hand on this 17th day of July, 2020.  
17

18

19

20 STACY ANN HUTCHINSON  
Court Reporter and Notary Public  
21 Hennepin County, Minnesota

22 My commission expires January 31, 2025.  
23

24

25

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1 July 17, 2020  
2

3 Mr. Anthony J. Novak  
Larson King  
4 30 East Seventh Street  
Suite 2800  
5 St. Paul MN 55101

6 RE: Brenner -vs- MEnD, et al.

7 Dear Mr. Novak:

8 Enclosed is the errata page from the deposition  
9 of TODD LEONARD. Please have the witness read  
the deposition and indicate any changes and the  
10 reasons therefor on the errata sheet. When that  
is complete, please send a copy of the errata  
11 sheet to opposing counsel, and the original  
errata sheet to me.  
12

13 As you are aware, the witness has 30 days to  
complete the reading and signing procedure. I  
will need to receive the errata sheet by  
14 August 21, 2020, or signature is presumed waived.  
15

Thank you for your assistance.

16 Sincerely,

17

18 Stacy A. Hutchinson  
19 Court Reporter

20 cc: Jeffrey S. Storms, Esq.  
Stephanie A. Angolkar, Esq.  
21

22

23

24

25